

CHEMIST & DRUGGIST

The newsworthy for pharmacy

August 21, 1993

FACE UP TO THE
FUTURE



**More changes
proposed for
Selected List**

**Public praise
for pharmacy in
Sussex survey**

**Extended roles
and home care**

**BPC prize goes
to Geraghty**

**Fisons sell CP
Pharmaceuticals**



**Make no bones
over supplements**

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NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT

CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST
& PHARMACY UPDATE

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Comment

This week we are delighted to announce that James Geraghty is the winner of the *Chemist & Druggist* British Pharmaceutical Conference Prereg Award. He was selected by Royal Pharmaceutical Society president Nicholas Wood for his ideas on the development of the profession for the year 2000. The president was impressed by his practical proposals to help ensure community and hospital pharmacists had access to the same patient data and that, more importantly, they worked together in care groups to ensure patients benefited from best pharmaceutical practice.

But ideas for the future of the profession should not be confined to aspiring pharmacists — they should be the province of the near 40,000 members of the RPSGB and the Pharmaceutical Society of Northern Ireland.

Last week the Society did a U-turn when it announced the formation of a community pharmacy group which should be a focus for professional reaction to changes in community pharmacy practice sought by the Government. The pay negotiating bodies should endeavour to match such aspirations to patient need and then determine whether the Government will pay for the service, and how much. If the answer is no, then individual pharmacists and companies must decide if they wish to provide the service, fund the running

costs and bask in any professional kudos that will follow.

One cannot help but wonder if the health service is being privatised by stealth. By stripping the Pharmaceutical Services Negotiating Committee of 20 per cent of its central pharmacy budget by 1995 and placing it in the hands of FHSAs for *ad hoc* purchasing of services, it will invite variation and discrepancies in the services available "on the NHS". It also removes 20 per cent of PSNC's already limited power and underlines the need for the Committee to be more forward-thinking in its negotiating instead of fighting a defensive campaign against DoH initiatives.

The Government is all for encouraging "private initiatives" and increasingly, post-1995, independent community pharmacists and multiples will get involved with local projects within the NHS and outside it. It goes without saying that the small, medium and large multiples will have the muscle that matches their size use and such patient services as "loss leaders". If the small independent cannot match such "offers" or make sufficient money from providing the non-NHS services as DoH under-secretary Melvyn Jeremiah says they should, then they will close. Unfortunately DoH sympathy for unemployed pharmacists and patients with restricted access to a pharmacy will not help either.

Additional proposed changes to the Selected List

The Government has released details of proposed changes to the list of drugs which may not be prescribed by GPs under the NHS. They cover 62 medicines and almost 600 borderline substances. Nicotine patches are among those products affected. (This week's Price List Supplement has a full list of the proposed changes.)

The proposals cover topical anti-rheumatic preparations, the first of the ten extra categories announced by the Secretary of State for Health last November. In all, 40 products are proposed for blacklisting including Algipan, Elliman's Embrocation, Fiery Jack cream and ointment, Lloyds cream and heat spray, PR heat spray, Radian B liniment and Ralfox cream and stick.

The Government's list also includes six brand names of nicotine-replacement patches — Nicabate, Nicorette, Nicodex, Nicotine, Nico and Nicostop. Nicotinell patches are already blacklisted.

Defending the Government's decision to remove these products from NHS prescription, Health Minister Dr Brian Mawhinney said that while nicotine patches did have a role to play in helping some people to stop smoking, there was no reason why their cost should be met by the NHS.

Vital skills in talking to patients

Workers in Northern Ireland have published research into effective communication skills in community pharmacist-patient consultations, including reasons why pharmacy training should include a strong communication component.

The researchers at the Queen's University Belfast aimed to identify exactly what constituted effective communicative performance, and have published full details of the skills and sub-skills they found as the core communicative elements of practice.

Their work was supported by a grant from the Leverhulme Trade Charities Trust.

• *Looking into community pharmacy: identifying effective communication skills in pharmacist-patient consultations* by Owen Hargie, Norman Morrow and Catherine Woodman, is available priced £12 from Dr Norman Morrow, School of Pharmacy, Queen's University Belfast, 97 Lisburn Road, Belfast BT7 9BL, Northern Ireland.

"People who can afford to Dr Mawhinney said: "The available for purchase, they are



smoke can also afford to buy products which may help them to stop smoking," he said. "It is worth emphasising that there are around 11 million ex-smokers in this country and most have given up without pharmacological help."

In addition to new therapeutic categories, the Government has made additions to some of the original Selected List categories introduced in April 1985. These include:

- 11 additions to the analgesics list including Anadin Extra Soluble tablets, Solpadeine tablets and Disprin Direct
- six additions to the coughs and colds remedies including Lemsip Flu Strength, Sudafed nasal spray and Vicks Vapo-syrup for children
- two additions to the indigestion remedies section, Asilone liquid and Gaviscon 250 tablets.

The bulk of the proposed changes are borderline substances which include sun screens, dietary supplements, babyfoods and cosmetics.

Government should not be paying for items which have no therapeutic or clinical value."

But he stressed that the proposals would not disadvantage patients: "A full range of other products remain available on the NHS so that patients will continue to receive all the medicines they need."

Regulations will be laid before Parliament later in September and will come into effect about a month later.

The Government's decision to announce the proposed additions while Parliament is in recess has been criticised by the Association of the British Pharmaceutical Industry.

"At one time we did not believe that the Government would seek to implement this controversial proposal while Parliament was in recess," their statement reads. "Now it seems that our faith in its desire to uphold Parliamentary democracy was misguided."

The ABPI points out that while all the medicines listed are

largely traditional products many of which are used by the old who may not be able to pay for them.

Commenting on the blacklisting of nicotine patches, Jeremy Clitherow, chairman of the Pharmacists' Action on Smoking group, said the proposals would bring the unwilling smoker and the pharmacist closer together.

"The patient will no longer feel the need to visit the GP. He will go directly to the pharmacy for his counselling and supplies," he said. "The Government has correctly recognised and valued the skills and expertise available from pharmacy."

Comments on the proposed changes are invited by September 13 and should be sent to P Division, Department of Health, Room 608, Richmond House, 79 Whitehall, London SW1A 2NS.

- Should the legislation for the proposed changes go through, the additions to the Selected List will be consolidated in October's edition of the C&D Price List.

Hillingdon provide free owing slips to pharmacies

Hillingdon Family Health Services Authority is supplying all community pharmacists with free books of owing slips.

Carol Edwards, associate director of operational services at the Authority, told C&D that the idea stemmed from a situation where an elderly, somewhat confused, patient thought they were owed medicine but did not receive an owing slip.

"Many pharmacists currently supply such slips," she said. "However, not all pharmacists follow this practice. It is hoped

that any misunderstanding over amounts owed will be avoided by their use.

"Pharmacists in Hillingdon provide an excellent service to their customers and this is one more measure to help them."

The FHSA is in the process of writing to all community pharmacists, enclosing a book of the self-carbonating forms, which have been sponsored by Glaxo. Further supplies can be requested directly from the FHSA.

Money from Glaxo has paid for one print run which Ms Edwards

estimates will last "a good year". After that, if the scheme is felt to be a good idea, the Authority will investigate other methods of funding.

Trefor Williams, business services development manager at the National Pharmaceutical Association said he was delighted that an FHSA was able to provide this sort of facility at no cost to the contractor.

"It is nice to know that FHSA's are aware of the incidental costs of providing a pharmaceutical service," he told C&D.

RIP slams latest DoH pay offer

A second pressure group has called on the Pharmaceutical Services Negotiating Committee to reject the latest remuneration proposals from the Department of Health.

Rescue the Independent Pharmacist, founded a year ago by Liverpool contractor Hassan Argomandkhah, has spelt out its opposition to the latest pay offer in a number of areas.

RIP is most concerned about proposals to change the distance criteria of the Essential Small Pharmacy Scheme from 2km to 1km which, Mr Argomandkhah says, "will cause chaos and give the large multiples a licence to open pharmacies near health centres, doctors' practices and in supermarkets".

He believes that any relaxation of the Control of Entry regulations is being used by the DoH as "the proverbial carrot to get the support of the large multiples for the remuneration offer".

Mr Argomandkhah is also critical of plans to allow FHSAs to settle the professional allowance at local level.

"Different FHSAs have different numbers of contractors, levels of service and dispense different numbers of scripts," he points out. "Who decides how much each FSA will get?"

- Any independent who is unhappy with the current DoH proposals should write to Mr Argomandkhah at 119 Belle Vale Road, Liverpool L25 2PE.

Controlled Drug notice

The Home Secretary has taken the following action, coming into force on August 11.

Paresh Samani MPS, a pharmacist within the meaning of the Misuse of Drugs Act 1971, whose registered premises are at 56 Salisbury Road, London NW6 6NN, was on April 1 convicted of an offence under that Act.

Under Section 12(2) of the Act, Mr Samani has been prohibited from having in his possession, manufacturing, compounding and supplying and from supervising and controlling the manufacture, compounding and supply of any Controlled Drug within the meaning of the Misuse of Drugs Act 1971 which was on April 1, 1993 such a Controlled Drug save and except the following:

"Any preparation specified in Schedule 5 to the Misuse of Drugs Regulations 1985, other than any such preparations containing dihydrocodeine or codeine which is a Prescription Only Medicine."

Top marks for East Sussex pharmacists in survey

The service provided by East Sussex pharmacists has been given the thumbs up by the public in a new survey.

Across the region as a whole, 87 per cent of respondents rated the service from pharmacists as good or very good. Only 1 per cent thought things were poor. Eastbourne contractors fared the best, with 55 per cent of the public rating their service as very good. In Brighton, the corresponding figure was 40 per cent.

When the public were asked to use a point scoring system to rate

the service provided by health professionals, pharmacists scored 85 out of 100, compared with 82 for doctors and 80 for dentists. The NHS as a whole scored only 69 out of 100, compared with a 73 rating for the local hospital.

The strong showing for pharmacists has been welcomed by local NPA board member Graham Delves.

"It is gratifying to know that the general public appreciates the excellent service offered by pharmacists," he said. "Most people live within easy reach of a

community pharmacist, a health-care professional whose advice and expertise is available up to six days a week without an appointment. Our aim is to keep it that way."

The survey, among 1,400 adults in the locality, sought to determine what people thought about the health service and what changes they would like to see in the future. The research, supported by a Department of Health grant, was carried out between November 1992 and January 1993.

Pharmacy initiative targets risk factors for CHD

The Pharmacy Healthcare Scheme has teamed up with Merck Sharp & Dohme to help educate the public about the risk factors associated with coronary heart disease and stroke.

The campaign, to be launched in September, recognises the role of pharmacy in the NHS and the trust that patients place in their pharmacist. Its aim is to motivate the general public to take charge of improving their health.

The month-long campaign will see 13,000 participating pharmacists displaying posters outlining risk factors with the strapline "Are you or your family at risk?" Consumers will be invited to talk to their pharmacist about ways they can reduce their risk of heart disease or stroke.

Two leaflets have also been produced. The first, for pharmacists, gives background on CHD and associated risk factors. The second is aimed at the consumer and covers topics such as what are CHD and stroke, what cause them with hints and tips on reducing risks.

MSD are also producing a short radio tape of an interview with a pharmacist about the initiative, which will be syndicated to more than 40 BBC and independent radio stations.

They will also be organising a national press photocall to announce the programme, using a celebrity who has successfully recovered from a heart attack.

Roger Odd, PHIS chairman, is convinced that the initiative will be welcomed by consumers.

"With more than six million visits being made to pharmacies every day, the pharmacist is in a unique position to provide help and advice to a large cross-section of the population," he says.

Mr Odd points out that in England, 430 adults under the age of 65 die every week from heart disease, the greatest single cause of premature death. Reducing risk factors is within everyone's grasp, he says, by making a few simple lifestyle changes.

Guidelines for West Glamorgan

Community pharmacists in West Glamorgan are to be given health promotion guidelines on how best to advise their customers.

And the Local Pharmaceutical Committee and the Family Health Services Authority are joining forces to review the current out-of-hours arrangements.

Over the next few months, guidelines or protocols will be drawn up on three main areas:

- how to stop smoking
- looking after oral health
- reducing the risks of communicable disease.

The aim is to include these guidelines within formal contractual arrangements by next year.

Alan Willson, pharmaceutical adviser to the FHSAs, believes that pharmacists offer an excellent opportunity to provide advice and support to the public: "We hope that by involving pharmacists in health promotion, it will help us achieve our aim for improving the health of local people."

The project has the support of Professor Bryan Veitch, chief pharmaceutical adviser to the Welsh Office.

Richard Griffiths, secretary of the LPC, said the Committee was working closely with the FHSAs on this initiative: "We are keen to develop ideas but obviously with some concern as to how it will be funded."

On the question of rotas, Mr Griffiths explained that in some areas pharmacies were opening for longer hours, resulting in the FHSAs wanting to cut back on official rota arrangements.

The LPC had opposed this move and suggested a review of the whole provision of out-of-hours services in the county. A working group is to be set up comprising two members each from the FHSAs and the LPC.



Latest DoH offer is not good for my blood pressure

The tortuous nature of our remuneration negotiations is set to continue.

The Department of Health, having eased the pressure very slightly on thresholds and the Essential Small Pharmacies Scheme, has increased it substantially by proposing to transfer the administration of the professional allowance to the "safe-keeping" of individual family health services authorities from 1995.

The DoH has also raised the spectre of a contract free-for-all by proposing a review of existing control of entry regulations.

As for this year, two of the most contentious problems remain unresolved.

The DoH is still refusing to accept that my expenses have risen by more than 1.5 per cent and that the dispensing of highly priced items with no on-cost is anything other than profitable business!

If Mr Jeremiah is so confident of his figures, perhaps he would like to pay me a visit and explain his theories to the water, electricity, and insurance companies.

At the same time, he might like to convince my bank manager that the stocking of expensive special items for patients, for a fee of 97.5p plus 1 per cent when the item exceeds £100, makes for a good return on capital — even assuming that discounts are level.

Generosity oozes from every pore, but than Mr Jeremiah does not have to pay my bills!

This year's negotiations will continue and I will eventually emerge battered with a wage settlement probably imposed. But that aside, the proposed review of contract controls and



the involvement of FHSAs in the distribution of 20 per cent of my NHS income as professional allowance is far more worrying.

PSNC has asked for clarification, and some of the more obvious disadvantages have already been criticised, but one fundamental issue must not be forgotten.

This money, 20 per cent of income, is already being paid to us. It is not new money, but ours, about to be re-distributed on the assumption we will satisfy yet-to-be-defined criteria on how we should earn it.

We must make it very clear to the DoH and in words of one syllable: hands off our money. It is already well-earned with every prescription dispensed or every patient counselled.

All the criteria being mentioned for payment of the professional allowance, including all those much lauded local initiatives, is work for which we presently receive no remuneration.

Pay a practice allowance by all means and fairly distribute it from within our present contract, but new roles must mean new money and that is the unequivocal message that must be conveyed.

Difficult times lie ahead but if the DoH thought the fuss over its 2,000 prescription level for practice allowance was deafening then they should be warned. That was a mere whisper compared to the furore that will erupt if they try and impose this iniquitous 20 per cent.

Society must act over lotteries

The sale of lottery tickets is clearly an encouragement to gamble, however good the cause, and gambling is another vice which materially hurts rather than benefits those who can least afford it.

To deny pharmacists the right to sell lottery tickets could be deemed a restriction of trade, according to Ruth Rogers of the Royal Pharmaceutical Society's law department (C&D August 14 p277).

But, nevertheless, with the imminent introduction of a national lottery, it is a subject about which the RPSGB should express an opinion to its members.

The control of some of the excesses of dubious trade practices has always been one of community pharmacy's problems because, although it is by this first impression of retail involvement that our professional status is publicly judged, the RPSGB does not possess the authority to control matters of trade.

A slow educative process does have some effect, as evidenced by the now universally accepted banishment of tobacco, but the best time to act must be before the trade itself has become an accepted fact.

With national lottery tickets, the RPSGB is in a unique position to influence professional opinion in advance of any problems. I consider their sale to be professionally unethical and would like Council to similarly agree, but whatever opinion is reached it should be conveyed to the membership without further delay.

Meanwhile the National Pharmaceutical Association has remained sitting on the fence, preferring to await the outcome of Council's deliberations. That is an unusual and regrettable position because the conflict of trade and ethics cannot be ignored, and it is the NPA which represents the professional trade interests of most independent pharmacists.

That opinion should be a vital input to the RPSGB's Council in its deliberations and not the reverse.

Seven-digit PIP code goes live

New-prefix seven-digit PIP codes will start to be issued with effect from this issue's *Price List Supplement*.

The first codes will begin with the number 2, the 1 series currently appearing in the *C&D Generics Supplement*. Series beginning 9 are reserved for pharmacy retailer use, and 7 and 8 series for wholesalers.

Seven-digit codes were first announced in 1991, when the PIP Code Panel advising the National Pharmaceutical Association agreed that coverage should be expanded to provide a comprehensive coding system for pharmacy.

Since then, the *C&D Price List* has been able to recode cosmetic colours, expand ostomy coverage and add seasonal lines, as well as coding generics by manufacturer. Most EPoS and other pharmacy computer systems are already equipped to handle seven-digit codes.

Government welcomes NAO report

Dr Brian Mawhinney, Minister for Health, has welcomed the National Audit Office's report on repeat prescribing and has urged family health services authorities and GPs to implement the report's recommendations.

The report, published last week (C&D August 14 p245), discussed the implementation of repeat dispensing and the involvement of community pharmacists as two possible means of promoting effective repeat prescribing.

Welcoming the report, Dr Mawhinney pointed out that the NHS Management Executive, in conjunction with regional health authorities, has been active in addressing all aspects of GP dispensing. Many corporate contracts now stress that general practices should have a clear method for regular and systematic review of the clinical appropriateness of repeat prescribing, he said.

"In addition, work is continuing with RHAs to ensure that performance targets on repeat prescribing are being effectively monitored and reviewed."

The Management Executive and the Department of Health will consider further the report's recommendations at national level.

"If we are to ensure that all real clinical needs of patients are to be met, cost-effectively, improving repeat prescribing should be a high priority for all GPs," he said.

Topical REFLECTIONS

Counterpoints

Zovirax cold sore is in stock this week

Orders taken for the OTC version of Zovirax Cream will be delivered to wholesalers by Wellcome from August 23-25 and to pharmacists from August 26 to September 1.

The first advertisements will break in the national Press on September 3 (see C&D July 3 p12 for product details and July 24 p139 for education programme).

The Press campaign will run in the national dailies and weekend Press as well as women's and other consumer magazines. It features half-page ads with the face of a woman before and after using Zovirax, with a ticking alarm clock on her lip signifying the tingle that warns of an impending cold sore.

Television advertising breaks on September 8 and



A SIMPLE 2-STEP TREATMENT FOR COLD SORE SUFFERERS

ZOVIRAX
COLD SORE CREAM
Early use can prevent your cold sore

will run in conjunction with the Press adverts in a £4.5 million campaign.

Sell-in stock will be delivered with a 24-pack counter unit featuring the Press ad and with a dispenser for information leaflets to consumers at the front, and access for staff at the back. Advice data, a pen, adhesive tape and calculator to monitor

the standard 28 per cent POR are also available. There is a prize draw for pharmacies which display the unit late in October.

Wellcome say their target is the 10 million cold sore sufferers who presently do not use medication, a market put at £30m. **Wellcome Foundation. Tel: 0270 583151.**

Actibrush and Total team up

An added value promotion is being offered by Colgate-Palmolive on their Actibrush mouthrinse and Colgate total toothpaste.

Consumers can buy a 250ml bottle of Actifresh with a free 19ml sample pack of Total shrink wrapped to the side.

The promotion is available from Numark and Unichem wholesalers as long as stocks last.

Colgate-Palmolive. Tel: 0483 302222.



Elegant additions

Elegant Touch are adding Conditioning Hand and Nail Cream to their nail care range this month.

The cream contains moisturisers and a conditioner to protect cuticles. Each 50ml tube has a flip-top cap and

retails at £1.49.

Elegant Touch are also adding three new colours to the Stickers range of press-on nails: Rock 'n' Rose, Patchouli and Pink Panther. All will retail at £2.99. **Original Additions. Tel: 081-573 9907.**

Better performance with Recital colours

L'Oréal are adding Colour Care Finishing Cream to Recital Performance.

The finishing cream improves colour retention by 43 per cent, gives 17 per cent extra protection from fading, 27 per cent more shine and 30 per cent more softness,

according to L'Oréal.

New Recital Performance will be supported by a £125,000 women's Press campaign starting in October, aiming to increase Recital Performance's 29.8 per cent market lead. **L'Oréal. Tel: 071-937 5454.**

Ease those tired feet

Clairel are launching a foot spa ten years after the introduction of their original line.

The Foot Spa Whirl, with an invigorating whirl feature, will be available from September and will be supported with national television advertising.

With a recommended price of £44.95, the unit offers two speeds, two massage settings (with or without whirl), 500 massage nodes and an integral pumice stone. The unit comes with a one-year guarantee. **Bristol-Myers Co Ltd Clairel Appliances division. Tel: 0784 434343.**

Face up to Givenchy

Givenchy Beauté are introducing Concealing Foundation and Gentle Under Eye Concealer in November.

Concealing Foundation gives a matt finish which absorbs sebum. It moisturises, conceals and protects against UVA and UVB rays. It is available in six shades: Porcelain, Light, Vanilla, Sand, Sun and Spice and is lightly perfumed (£19).

Gentle Under Eye Concealer is available in Neutral or Pink. It will retail at £10.50 for a 5ml container. **Parfums Givenchy. Tel: 0932 245111.**



Braun electrical oral care and Oral-B have put together an exclusive pre-Christmas promotion for pharmacies on Braun Oral-B Plaque Remover. Retailers will be able to offer their customers a free towelling bathrobe with each unit sold. By purchasing a minimum of three Plaque Removers, pharmacists will receive the equivalent number of robes. Braun oral care products will be supported by a £1 million campaign, with Press advertising during October and November and national television from December through to February 1994. **Oral-B Laboratories. Tel: 0296 432601**

Canesten uses 'V' word on the telly

Bayer's Canesten intravaginal treatment for thrush is being advertised this month in seven television regions around the UK, following an encouraging pilot last year in the south of England which boosted sales by 26 per cent.

The product claims almost 85 per cent market share of OTC intravaginal thrush treatments since it was switched from POM to P last year.

Two million women each year will purchase treatments for thrush from a pharmacy yet, say Bayer, a new survey shows one in seven will buy the wrong treatment.

A survey of more than 200 pharmacists show that 15 per cent of women are buying the external anti-fungal cream, Canesten 1 per cent, instead of the Canesten 10 per cent VC, or Canesten 1 single-dose pessary. **Bayer plc. Tel: 0635 39000.**

Unichem revamp baby toiletries

Unichem are relaunching their baby toiletries range this month with new

formulations and packaging. The baby bath and

shampoo now have a milder formulation but greater foaming ability. The lotion has an improved moisturising action with easier application and the baby oil contains the highest grade of white oil available.

The range is packaged in 350ml clear PET bottles with flip-top caps.

The lotion, shampoo and baby bath will retail at £1.05 (£7.89 for 12, trade), giving 33 per cent POR, and £1.25 for the baby oil (£9.95 for 12), giving 30 per cent POR.

All are currently on offer at 20 per cent off trade prices. Unichem. Tel: 081-391 2323.



Cow & Gate have relaunched their Nutrilon Soya baby milk under the name Infaso after research showed GPs found the name easier to recall when prescribing soya milk for infants aged 0-5 years. Infaso will be available in two sizes: the existing 450g size will be joined by a new 900g tin — equivalent to one week's feed and costing some 10 per cent less than its nearest competitor, say Cow & Gate. A range of literature on products for babies with special dietary needs is available for pharmacists to pass on to customers. Cow & Gate. Tel: 0225 768381

Radiant offer

Black Radiance are giving consumers 50p off their 18-strong range of lip colours during September and October. Waterson Ltd. Tel: 04353 3704.

Try ginger cake

Nutricia have re-introduced their Rite Diet gluten-free ginger cake, which has been reformulated to give an improved taste and texture. The cake will be available from the middle of September at a trade price of £11.39 per case of six. Nutricia Dietary Products. Tel: 081-951 5155.

Day Nurse

The quantity of paracetamol in each Day Nurse Hot sachet is 1,000mg, not 100mg as stated last week.

Miyake adds

Issey Miyake is adding a refillable extract purse spray to his L'Eau D'Issey perfume range. The spray has a glossy metal packaging and contains 7ml of extract. The purse spray retails at £52 with the refill at £32. Kenneth Green Associates. Tel: 0372 469222.



Two special offers on Elgydium

Chefaro have launched two special offers to attract customers to their Elgydium dental care range.

Customers are offered a saving of £1.20 on a duo-pack of Elgydium anti-plaque toothpaste and standard head toothbrush at a promotional price of £2.98.

In another promotion,

consumers will receive a free 8g trial pack of Elgydium toothpaste with each purchase of a standard head toothbrush. This banded pack is also an ideal travelling set as the head protector can be snapped on the brush after use to protect the filaments while drying. Chefaro Proprietaries. Tel: 0223 420956.

Coombe spend £1m on TV

Combe International are putting £1 million behind an intensive burst of television advertising for their Seabond denture fixative seals and the Just for Men shampoo-in hair colourant.

The campaign is running in all ITV and Channel 4 regions this month and is the heaviest burst ever for Just for Men.

In addition to a continuing Press campaign

in national newspapers, television advertising for Seabond will run until August 31 in the Central, Anglia and Meridian regions. Combe International. Tel: 081-680 2711.

Vitamins promoted

Numark are promoting eight of their new vitamin and food supplements to support the traditional

Winter rise in demand.

A launch parcel of 24 packs will be available in September with a POR of 40 per cent. Included will be window display poster and a shelf strip. Numark Ltd. Tel: 0827 69269.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Andrews Antacid:	All areas except U, CTV
Aspro Clear:	LWT, C, A, M, HTV, U
Canesten:	G, Y, C, A, M, LWT, TT
Colgate Total:	All areas
Jordan Magic toothbrush:	C4
Just for Men:	All areas
Lil-lets:	C, A, LWT, CAR, BskyB
Macleans:	All areas
Macleans Sensitive:	All areas
Pears Pure Body Care:	All areas
Radian-B:	U, G, Y, C, A
Rap-eze:	All areas except CTV
Sensodyne:	All areas except G, Y, CTV, CAR
Setlers:	All areas
Slim-Fast:	All areas
Steradent:	STV, Y, A, HTV, TT
Sure Sensitive:	All areas except U, CTV, LWT
Wasp-eze	C4
Wrigley's Extra & Orbit:	All areas



Asilone Liquid and Asilone Tablets packaging.

AVAILABLE ONLY FROM PHARMACIES
aluminium hydroxide light magnesium oxide
activated dimethicone

GET TO THE CORE OF THE PROBLEM



Product information Asilone Liquid White capsule 100mg, 200mg, 400mg, 600mg, 800mg, 1000mg, 1200mg, 1400mg, 1600mg, 1800mg, 2000mg, 2200mg, 2400mg, 2600mg, 2800mg, 3000mg, 3200mg, 3400mg, 3600mg, 3800mg, 4000mg, 4200mg, 4400mg, 4600mg, 4800mg, 5000mg, 5200mg, 5400mg, 5600mg, 5800mg, 6000mg, 6200mg, 6400mg, 6600mg, 6800mg, 7000mg, 7200mg, 7400mg, 7600mg, 7800mg, 8000mg, 8200mg, 8400mg, 8600mg, 8800mg, 9000mg, 9200mg, 9400mg, 9600mg, 9800mg, 10000mg, 10200mg, 10400mg, 10600mg, 10800mg, 11000mg, 11200mg, 11400mg, 11600mg, 11800mg, 12000mg, 12200mg, 12400mg, 12600mg, 12800mg, 13000mg, 13200mg, 13400mg, 13600mg, 13800mg, 14000mg, 14200mg, 14400mg, 14600mg, 14800mg, 15000mg, 15200mg, 15400mg, 15600mg, 15800mg, 16000mg, 16200mg, 16400mg, 16600mg, 16800mg, 17000mg, 17200mg, 17400mg, 17600mg, 17800mg, 18000mg, 18200mg, 18400mg, 18600mg, 18800mg, 19000mg, 19200mg, 19400mg, 19600mg, 19800mg, 20000mg, 20200mg, 20400mg, 20600mg, 20800mg, 21000mg, 21200mg, 21400mg, 21600mg, 21800mg, 22000mg, 22200mg, 22400mg, 22600mg, 22800mg, 23000mg, 23200mg, 23400mg, 23600mg, 23800mg, 24000mg, 24200mg, 24400mg, 24600mg, 24800mg, 25000mg, 25200mg, 25400mg, 25600mg, 25800mg, 26000mg, 26200mg, 26400mg, 26600mg, 26800mg, 27000mg, 27200mg, 27400mg, 27600mg, 27800mg, 28000mg, 28200mg, 28400mg, 28600mg, 28800mg, 29000mg, 29200mg, 29400mg, 29600mg, 29800mg, 30000mg, 30200mg, 30400mg, 30600mg, 30800mg, 31000mg, 31200mg, 31400mg, 31600mg, 31800mg, 32000mg, 32200mg, 32400mg, 32600mg, 32800mg, 33000mg, 33200mg, 33400mg, 33600mg, 33800mg, 34000mg, 34200mg, 34400mg, 34600mg, 34800mg, 35000mg, 35200mg, 35400mg, 35600mg, 35800mg, 36000mg, 36200mg, 36400mg, 36600mg, 36800mg, 37000mg, 37200mg, 37400mg, 37600mg, 37800mg, 38000mg, 38200mg, 38400mg, 38600mg, 38800mg, 39000mg, 39200mg, 39400mg, 39600mg, 39800mg, 40000mg, 40200mg, 40400mg, 40600mg, 40800mg, 41000mg, 41200mg, 41400mg, 41600mg, 41800mg, 42000mg, 42200mg, 42400mg, 42600mg, 42800mg, 43000mg, 43200mg, 43400mg, 43600mg, 43800mg, 44000mg, 44200mg, 44400mg, 44600mg, 44800mg, 45000mg, 45200mg, 45400mg, 45600mg, 45800mg, 46000mg, 46200mg, 46400mg, 46600mg, 46800mg, 47000mg, 47200mg, 47400mg, 47600mg, 47800mg, 48000mg, 48200mg, 48400mg, 48600mg, 48800mg, 49000mg, 49200mg, 49400mg, 49600mg, 49800mg, 50000mg, 50200mg, 50400mg, 50600mg, 50800mg, 51000mg, 51200mg, 51400mg, 51600mg, 51800mg, 52000mg, 52200mg, 52400mg, 52600mg, 52800mg, 53000mg, 53200mg, 53400mg, 53600mg, 53800mg, 54000mg, 54200mg, 54400mg, 54600mg, 54800mg, 55000mg, 55200mg, 55400mg, 55600mg, 55800mg, 56000mg, 56200mg, 56400mg, 56600mg, 56800mg, 57000mg, 57200mg, 57400mg, 57600mg, 57800mg, 58000mg, 58200mg, 58400mg, 58600mg, 58800mg, 59000mg, 59200mg, 59400mg, 59600mg, 59800mg, 60000mg, 60200mg, 60400mg, 60600mg, 60800mg, 61000mg, 61200mg, 61400mg, 61600mg, 61800mg, 62000mg, 62200mg, 62400mg, 62600mg, 62800mg, 63000mg, 63200mg, 63400mg, 63600mg, 63800mg, 64000mg, 64200mg, 64400mg, 64600mg, 64800mg, 65000mg, 65200mg, 65400mg, 65600mg, 65800mg, 66000mg, 66200mg, 66400mg, 66600mg, 66800mg, 67000mg, 67200mg, 67400mg, 67600mg, 67800mg, 68000mg, 68200mg, 68400mg, 68600mg, 68800mg, 69000mg, 69200mg, 69400mg, 69600mg, 69800mg, 70000mg, 70200mg, 70400mg, 70600mg, 70800mg, 71000mg, 71200mg, 71400mg, 71600mg, 71800mg, 72000mg, 72200mg, 72400mg, 72600mg, 72800mg, 73000mg, 73200mg, 73400mg, 73600mg, 73800mg, 74000mg, 74200mg, 74400mg, 74600mg, 74800mg, 75000mg, 75200mg, 75400mg, 75600mg, 75800mg, 76000mg, 76200mg, 76400mg, 76600mg, 76800mg, 77000mg, 77200mg, 77400mg, 77600mg, 77800mg, 78000mg, 78200mg, 78400mg, 78600mg, 78800mg, 79000mg, 79200mg, 79400mg, 79600mg, 79800mg, 80000mg, 80200mg, 80400mg, 80600mg, 80800mg, 81000mg, 81200mg, 81400mg, 81600mg, 81800mg, 82000mg, 82200mg, 82400mg, 82600mg, 82800mg, 83000mg, 83200mg, 83400mg, 83600mg, 83800mg, 84000mg, 84200mg, 84400mg, 84600mg, 84800mg, 85000mg, 85200mg, 85400mg, 85600mg, 85800mg, 86000mg, 86200mg, 86400mg, 86600mg, 86800mg, 87000mg, 87200mg, 87400mg, 87600mg, 87800mg, 88000mg, 88200mg, 88400mg, 88600mg, 88800mg, 89000mg, 89200mg, 89400mg, 89600mg, 89800mg, 90000mg, 90200mg, 90400mg, 90600mg, 90800mg, 91000mg, 91200mg, 91400mg, 91600mg, 91800mg, 92000mg, 92200mg, 92400mg, 92600mg, 92800mg, 93000mg, 93200mg, 93400mg, 93600mg, 93800mg, 94000mg, 94200mg, 94400mg, 94600mg, 94800mg, 95000mg, 95200mg, 95400mg, 95600mg, 95800mg, 96000mg, 96200mg, 96400mg, 96600mg, 96800mg, 97000mg, 97200mg, 97400mg, 97600mg, 97800mg, 98000mg, 98200mg, 98400mg, 98600mg, 98800mg, 99000mg, 99200mg, 99400mg, 99600mg, 99800mg, 100000mg, 100200mg, 100400mg, 100600mg, 100800mg, 101000mg, 101200mg, 101400mg, 101600mg, 101800mg, 102000mg, 102200mg, 102400mg, 102600mg,
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Red Kooga begins Press blitz

Red Kooga Ginseng, the UK brand leader from English Grains, is being endorsed by actress Liza Goddard in a £250,000 Press campaign which started this week in the London area.

A national roll out will follow in the Autumn and continue throughout 1994, featuring other well-known personalities. **English Grains Healthcare.** Tel: 0283 221616.

Nutricia unveil Christmas range

Nutricia have announced details of their gluten and wheat-free Christmas range.

Six deep-filled Rite Diet ready to eat mince pies will be available in cases of six (£3.25 per carton). They have a shelf life of five months.

A Rite Diet Christmas pudding, which will feed one or two people, comes in cases of six at £2.59 each. It is also suitable for those on milk-free diets,

and is best before April 1994.

GF Dietary rich fruit cake is a moist 7in fruit cake ready to eat. Suitable for those on a milk-free diet, it comes in cases of four at £7.49 each and is best before March 1994.

The Christmas range will be available from the middle of September and will include the Rite-Diet variety biscuit pack. **Nutricia Dietary Products.** Tel: 081-951 5155.



Punch & Judy help save teeth

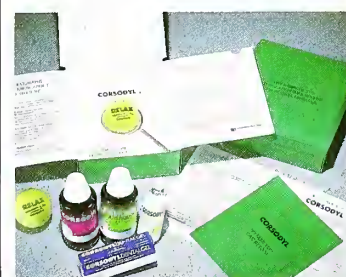
Roche Nicholas are introducing the *Punch and Judy Fun Book* as an on-pack promotion. Aimed at encouraging children to look after their teeth by means of cartoon strips, puzzles, join-the-dots and colour pages, the fun book contains a "Draw your Dentist" competition.

There are four age categories. Each month until the end of June 1994, the three best drawings from each will win a Punch and Judy lunch box and flask.

The fun books will also form part of 100,000 "Primary Bags" which are going out to 195,000 five to seven-year-olds in 3,400 schools in England and Wales next month.

The contents of the bag must emphasise education, healthy eating, safety, creativity, hygiene and sport. The products contained include: Jordan's fruit bar, pencils, Pritt stick, dinosaur chart, Quaker Oats height chart and Lego information and competition.

Roche Nicholas Consumer Healthcare. Tel: 0707 328128



Corsodyl questions on gingivitis

Smithkline Beecham's oral care salesforce will be leaving a Corsodyl Prestige Pack in every pharmacy they visit in September and October. The pack contains a stress ball and question and answer leaflet on gingivitis.

The Corsodyl mystery shopper will visit selected pharmacies and ask for advice. A correct answer will win one of 104 prizes for the pharmacist and assistant. **Smithkline Beecham Healthcare.** Tel: 081-560 5151

TRADE ANNOUNCEMENT

CALPOL* PRESCRIPTIONS IMPORTANT POINTS TO REMEMBER.

To comply with a recent reimbursement decision
Calpol prescriptions should in future read:

Calpol Paediatric
and where appropriate

Calpol Paediatric Sugar Free

If in receipt of a prescription for Calpol Infant Suspension,
please contact the issuing GP for clarification.

New one-litre dispensing packs will be available shortly, meanwhile
you may continue to dispense from existing stock as formulations and
dosages are unaffected.

These name changes do not affect Calpol OTC packs.

If you require further information, please telephone the
Wellcome Medical Dept. on 0270 583151 or write to:
The Wellcome Foundation Ltd.
Crewe Hall, Crewe, Cheshire, CW1 1UB.



Wellcome

* Trade Mark



IT'S ENOUGH TO GIVE THE COMPETITION HEARTBURN.

Two brand new Rennie commercials will make their first appearance in September. They're part of a massive TV spend of £2.5 million for 1993, on a product that's already brand leader. You'll be delighted by the extra demand. But our competition may find it harder to digest.

A scent of Worth

Worth Fragrances launch two women's Press campaigns this month under their fair price banner.

Running until December, the campaign highlights the company's policy of reducing prices of French fragrances by at least 25 per cent through all retailers. **Worth Fragrances.** Tel: 081-579 6060.

Crookes have launched a counter unit for Nurofen to back up the redesigned pack and recent television advertising. The unit comes pre-packed with 20 x 12, 10 x 24, 5 x 48 and 4 x 96 tablet packs. Additionally, Crookes are again making available last year's "shelf manager". For details on the unit, available during August and September, linked to a free stock offer, contact Crookes' territory manager. **Crookes Healthcare.** Tel: 0602 507431



Tambrands are backing their line extension, Tampax Compak, with an extensive marketing campaign starting in October, bringing total brand support for Tampax during 1993 to £7 million.

Since its launch last October, Tampax Compak has gained 4 per cent share of the £201m sanpro market, and Tambrands aim to take that to 10 per cent by the end of the year.

During September and October the "It's my life" commercial will be reshown.

A banded promotion will be featured on Regular and Super 32 size packs of Tampax tampons during October offering a free trial pack of three Tampax Compak.

And three million homes nationwide will be door dropped with the trial pack to encourage sampling. **Tambrands Ltd.** Tel: 0705 474141.

Pharmacy leads for pregnancy tests

Almost 60 per cent of purchases of Predictor pregnancy tests come from independent pharmacies and a further 38 per cent from Boots, according to the results of a survey of 350 women users by manufacturers Chefaro.

The survey suggests that over 65 per cent of women have used a home pregnancy test, almost all with a high level of satisfaction.

Almost 80 per cent of the women were in a stable relationship. **Chefaro Proprietaries.** Tel: 0223 420956.

Script Specials

Traxam changes

Lederle Laboratories are replacing the existing 50g presentation of Traxam gel with a 100g gel. The new size gel along with the 100g foam will have an NHS price of £7.00 each. These changes have been in response to the review of topical anti-rheumatics by the Advisory Committee on NHS Drugs who have decided on a "reference price" of £7.00 per 100g for topical NSAIDs. The effective date for the introduction of these changes is October 1. Orders shipped out after August 16 will be at the new prices and any gel order will be filled with the 100g tube. **Lederle Laboratories.** Tel: 0329 224000.

Diffiam cream price

The price of Diffiam Cream 100g tubes is being reduced from £8.86 to £7.00, and will retail at £12.33. The reduction will take effect from orders received after September 1. **3M Health Care Ltd.** Tel: 0509 611611.

Voltarol Emulgel

The trade price of Voltarol Emulgel 100g is being reduced from £7.75 to £7.00 with effect from September 1. The price of the 20g hospital pack remains unchanged. **Ciba Pharmaceuticals.** Tel: 0403 272827.

CFC-free Savlon Dry

Savlon Dry antiseptic spray, containing povidone iodine, has been reformulated with a CFC-free propellant. **Zyma Healthcare.** Tel: 0306 742800.

Cidomycin 5g

Cidomycin eye ointment is now available in a 5g presentation. A pack of this size was demanded by Roussel's export market. The NHS price for 5g is £2.02 which is proportionate to the existing 5g size (£1.21). **Roussel Laboratories Ltd.** Tel: 0895 834343.

Suscard Buccal 3mg

Pharmax have received reports that some blister strips of Suscard

Buccal 3mg tablets (expiry date, August 1995) did not contain tablets. Pharmacists are asked to check all their Suscard 3mg blister packs from Batch Number 21654. Replacement packs can be obtained by contacting: **Pharmax Ltd.** Tel: 0322 550550.

Colour change

Oramorph concentrated solution (morphine sulphate 20mg/ml) is to be changed from a colourless solution to a red solution. The change, made in response to requests from customers, is to enable the solution to be seen more easily when using the calibrated dropper. Packs are marked "New Coloured Solution". **Boehringer Ingelheim.** Tel: 0344 424600.

Hygroton-K discontinued

Ciba Pharmaceuticals say they are discontinuing Hygroton-K because modern medical opinion so strongly favours potassium-sparing diuretics over potassium-supplemented formulations. Trade supplies of the products are unlikely to be available after mid-September. Doctors who wish to protect their patients against the possible risk of diuretic-induced hypokalaemia may prescribe one of several potassium-sparing diuretic combinations. **Ciba Pharmaceuticals.** Tel: 0403 272827.

Ativan injection

Wyeth advise that the production difficulties experienced with Ativan injection 10 x 1ml have been overcome and the product is now back in stock. **Wyeth Laboratories.** Tel: 0628 604377.

Immunisation guide

Merieux UK have produced a 12-page booklet giving parents information on childhood vaccinations, aimed at helping parents make an informed decision. **Merieux UK Ltd.** Tel: 0628 785291.

Fingerprints can indicate blood pressure

Having your fingerprints taken may soon have fewer criminal connotations.

A study carried out by researchers at Southampton General Hospital and fingerprint experts at Scotland Yard has revealed that fingerprint patterns and dimensions of the palm are associated with blood pressure.

Blood pressure was higher in the people with a whorl pattern on one or more fingers compared with those who had no whorls. The greater the number of fingers with whorls, the higher the systolic blood pressure.

Long hands relative to their width and a narrow palmar angle, which reflects the shape of the palm of the hand, were also independently associated with higher systolic pressures. All these associations were stronger for the right hand.

One possible explanation is that the whorl formation may reflect fingertip oedema as a direct result of higher foetal blood pressure in early pregnancy, as parallel ridges stretching over a more bulbous finger pad will form whorls rather than arch or loop patterns. Another possibility is that fingerprints may be linked to vascular supply, and whorl development may reflect increased growth of the finger pads associated with relatively high blood flow in the foetal arms during early pregnancy.

The palmar angle is unrelated to adult height, suggesting that the angle is established *in utero* rather than during early childhood.

According to the authors, the findings are further evidence for the *in utero* origin of hypertension in adulthood.

Patients cannot accurately detect asthma severity

Many asthma patients, receiving treatment in general practice, cannot discriminate accurately between high and low peak flow and need to have their lung function monitoring assessed, concludes a study in the *BMJ*.

Sixty per cent of patients who took part in the study were poor discriminators of peak flow. The proportion of men and women who were good and poor discriminators were similar.

The presence or absence of symptoms such as chest tightness, wheeze and dyspnoea are used by patients and GPs as indications for treatment. But functional abnormalities, such as changes in the calibre of the

airways, may be found in asthmatic patients who are "symptom-free", and treatment may be delayed.

Poor perception of asthma during severe attacks may account for a proportion of those deaths when patients and GPs have not appreciated the severity of the condition.

The authors say treatment for asthma is usually guided by patients' perception of their symptoms and, if they cannot accurately judge the severity, they may not be adequately treated. Lung function in asthmatics should be objectively assessed, irrespective of whether patients are symptomatic.

NEW LYNX AFTER SHAVE COOLING GEL



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PRODUCT INFORMATION

Presentation Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream.

Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. Uses Candidal vaginitis. **Dosage and Administration** Canesten 10% VC. **Adults** Insert the contents of the pre-filled applicator intravaginally, preferably at night.

Canesten 1. Adults Place the Canesten 1 vaginal tablet in the applicator, and insert intravaginally, preferably at night.


Children Since both of these products are used with an applicator, paediatric usage is not recommended. **Contra-**

indications Hypersensitivity to clotrimazole. **Side-Effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known.

However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Canesten 10% VC Do not store above 25°C.

Canesten 1 No special storage precautions are necessary. **Legal Category.** P **Retail Selling Price** £5.95 for each product. **Product Licence Number** Canesten 10% VC PL 0010/0136, Canesten 1 PL 0010/0083. **Date of Preparation** August 1992.

References: 1. Cohen L., *Curr Med Res Opin* 1985; 9 (8): 520-3. 2. Milsom L., Forssman L. *Am J Obstet Gynecol* 1985; 152 (7/2): 959-961.

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IF IT'S THRUSH, RECOMMEND CANESTEN



Following its introduction, Canesten has become one of the most successful OTC brands ever.

It is available either as vaginal cream or vaginal tablet/pessary, which gives your customers the choice of two presentations of the same effective treatment (over 90% of all women successfully treated with a single dose^{1,2}).

This success further reinforces Canesten's position as the unchallenged market leader, both as a prescription and OTC therapy. And, given the reception of Canesten by your customers, it contributes to your success as well.

We at Bayer shall continue to support you with heavy investment in advertising and a complete range of educational materials for consumers and your staff. To make sure Canesten stays ahead of the field, we are rolling out Canesten TV advertising in many more regions and stepping up advertising in women's journals.

Please make sure your stock is at an adequate level; and contact us for a copy of the comprehensive Professional Guide and other educational materials.

Bayer 

For a free copy of the Professional Guide, contact:
Bayer plc, Pharmaceutical Business Group, Bayer House, Strawberry Hill, Newbury, Berkshire RG13 1JA.

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clotrimazole

Residential homes

In the first of a two-part series giving a background to the implementation of increased pharmaceutical care, Catherine Duggan and Ian Bates of The Centre for Pharmacy Practice, The School of Pharmacy, Brunswick Square, London, suggest some reasons for the growth in residential homes and outline the care required for the elderly in these homes

The role of the community pharmacist has been seen to expand over recent years, from one of supply and provision of medicines, to include one of increased communication between patients and clients and other healthcare professionals. Areas where this communicative role can be increased have been identified and implemented. These include:

- responding to symptoms presented in the pharmacy
- taking on the advisory role on healthcare issues
- promoting the ethos of "ask your pharmacist".

In addition to promoting pharmacy to other healthcare professionals, pharmacists have taken on extended roles within service provision and the safe use of medicines. These have been especially useful with the elderly, either in their own homes or in residential homes.

Many types of monitored dose systems exist, and some pharmacists now regularly fill dosette boxes for the elderly who live on their own and require home-help services. These people have been identified as having a need for additional assistance in taking their medicines.

The care of elderly people is often left to the family and social services, and this may include the collection of repeat prescriptions and medicines. These carers often do not have any medical knowledge and need to know that a pharmacist is willing and able to answer any queries concerning the medicines.

The use of dosette boxes has enabled patients and carers to keep a record of their medicines and to take them at regular assigned times. With an explanation of the system, the pharmacist can promote the safe use of the medicines while



increasing the patient's compliance with the medication regime.

Demographics

The number of old, and especially the very old, people is growing and many now live to a stage of life where they may develop some kind of infirmity and will need some form of care. The proportion of the population over retirement age has increased from 6 per cent at the turn of the century to 14 per cent in 1951 and almost 18 per cent in 1981 (see table).

There is an increase of almost fourfold in the numbers of people aged 75 years or more. In the late 1970s, more than one person in 20 (about three million people), were in this age group, and their numbers are expected to rise as we move into the 21st century. Reports estimate that although the total number of people over retirement age will remain at about 9.5 million up to the end of the century, the balance with the younger and more active element will change considerably. The numbers of those aged 75 and over, for instance, will increase by 21 per

cent between 1979 and the end of the century, while those between retirement age and 75, will decrease by 11 per cent during the same period.

These figures show there are clear implications for the health and welfare services that care for the elderly, the frail and the infirm; as the balance shifts to a higher proportion of "elderly elderly", there is likely to be a greater demand for resources to provide for their needs.

There has been a 16 per cent rise in the number of pensioners since 1971 and, by the year 2031, this rise is expected to increase by a further 38 per cent, a projected population of 14.6 million pensioners in the UK (see Figure 1 overleaf).

Family breakdown

The "nuclear family" has now become diffuse and mobile, separated from the older generation. The type of housing characteristic of our cities and suburbs is not suitable for accommodating extended families.

These two factors have also influenced the number of

elderly who live alone. In 1978, one-quarter of those aged 65-69 were living alone, which rose to 40 per cent among those aged 70 or over. Living alone and loneliness are not the same thing, although obviously they may be connected. Married couples, as their children grow up and leave home, often become extremely dependent on each other but, as the years progress, one of them is likely to die and leave the other not only alone but also lonely.

Studies have generally shown that the elderly are not neglected by the younger generations, but there tend to be significant differences between the care

available for those elderly people who had children and those without, as well as between those who had daughters compared to those who only had sons. Those without daughters were very much more vulnerable to social isolation and to neglect in times of illness. Others who were particularly vulnerable were those who had recently been widowed.

Burden of care

The availability of support for the elderly from their own families may bring about problems while seeming to alleviate the loneliness factor.

Studies have shown that about two-thirds of admissions to geriatric units are due to a lack of basic care at home or because of excess strain on relatives (Isaacs 1971). Of all admissions, 32 per cent were due to strain on relatives. This was defined in terms of a burden of care arising from the patient's illness which threatened the physical or mental wellbeing of relatives.

Excess strain usually occurred

Continued on p11

Continued from p1

when the patient lived in the same house as the relatives and this was exacerbated by:

- incontinence
- immobility
- psychiatric problems such as confusion.

Many relatives are able to accept the responsibility of caring for the elderly, and do so willingly, but for others it causes very real problems, both financial and emotional. The problems of institutionalisation, repeatedly emphasised by sociologists in their critiques of institutional care, have been influential in shifting policy toward community care. This also can bring problems; isolation and loneliness for vulnerable individuals, and a burden of responsibility for relatives and neighbours.

A great deal of care can be offered in the community with support from health and welfare services, such as:

- home helps
- chiropodists
- meals on wheels
- community nurses.

However, there may come a time when an elderly person cannot cope on his or her own and admission to a home is necessary. Private residential homes are prohibitively expensive for all but a small minority, and there are five other types of residential care:

- local authority residential homes
- local authority sheltered housing
- geriatric hospitals
- geriatric wards in general hospitals
- residential homes run by voluntary associations.

In many parts of the country there are long waiting lists, especially for admission to local authority accommodation and to the homes run by voluntary organisations. So GPs and relatives often have to seek admission for the elderly to hospital beds for more acute cases, and this may be far from satisfactory.

The shortage of appropriate accommodation perhaps reflects the low priority given to provision for the elderly and may result in considerable distress. Policy on this issue should attempt to obtain more and better facilities and should take into account the preferences of the elderly themselves.

Studies have identified that facilities and care provided for the elderly in hospital wards, sheltered accommodation, local authority run residential homes and private nursing homes all vary in the settings, in physical facilities and the extent to which staff were encouraged to sit down and talk to patients, and in the attitude of staff to visitors. Each kind of setting showed a continuum of attitudes and behaviour, from very "routinised" and "task-oriented" to more individualised forms of care.

Elderly attitudes

Studies have also attempted to measure the attitudes of the

elderly themselves, concerning such matters as the extent to which they were consulted before being admitted to an institution, whether they felt lonely and whether they felt happy living in their current situation.

In response to the loneliness question, there was little difference in the proportions who said "never" between the elderly populations living in the community, in hospital and those in local authority-run residential care. The proportion of people reporting "loneliness" in private nursing homes was somewhat higher. Old age, for many people, is a time fraught with problems and saddened by loneliness.

Ageing models

Several models have been put forward to explain ways in which people grow old and adjust to the experience.

• **The Disengagement model**
This model suggests that people adapt to old age in ways that are "functional" for society and for themselves. It is said that old age is characterised by a process of mutual withdrawal of ageing individuals and society, this process is inevitable and that the withdrawal is necessary for "successful" ageing.

Withdrawal is seen as being functional for society because it enables the gradual phasing out of individuals from their active societal roles, so that their eventual deaths cause minimum disruption to the smooth running of social order. For example, formal retirement from work can be anticipated, leadership responsibilities can be re-assigned and the workforce is essentially maintained.

The model suggests that the

The elderly as a proportion of the total population

	1901 %	1951 %	1979 %	1981 %	2001 %
Over retirement age	6.3	13.6	17.4	17.7	16.5
Over 75 years	1.3	3.5	5.5	5.7	6.4

process of disengagement is beneficial for the elderly people themselves; it allows them to become less active and more occupied with their personal interests.

• The Activity model

The Activity model rests on fundamentally different assumptions from the Disengagement model. This particular concept of ageing suggests that most normally ageing people will maintain fairly constant levels of activity, the extent of engagement or disengagement is not inherent in the process of ageing, but will be influenced by other factors such as previous lifestyle. It also states that it is essential to maintain a considerable degree of social, physical and mental activity if the process of ageing is to be successful.

• The Continuity model

This emphasises an essential continuity throughout the different phases of a person's life-cycle. It suggests that individuals develop fairly stable habits, attitudes and values, which become part of their personalities. These are likely to be retained as people grow older, and will influence their reactions to the process of ageing.

However, the very process of growing older may bring about changes which require modification of previous behaviour, and this is

recognised by the continuity theorists. This approach therefore includes a wide range of responses to ageing and so is perhaps more flexible and comprehensive than the alternative concepts. These models are useful when regarding the elderly population as a whole, or maybe as coping strategies for everyone's ageing processes. Whatever models exist about people's responses to ageing, there comes a time for many when illness or frailty results in their admission to hospital or exposes a need for care.

Pharmacists' input

Many elderly people find that they cannot adequately care for themselves while living at home alone and require constant care. This can be provided by long-term admission to a residential home. These homes differ from nursing homes in that the patient, or client, does not necessarily suffer from an illness or medical condition, they do not require nursing care and any ailments are often minor and long-term, e.g. chronic asthma.

Therefore, the care staff in these homes do not have to:

- be medically qualified
- be trained in the administration of medicines
- have any knowledge of the efficacy of the medicines being used.

This brings about a need for increased input from the pharmacist: the residential home staff have educational needs and requirements which need to be addressed. The medication needs of the patient must be assessed by the home's regular GP or visiting medical officer, and the medicines should be supplied with comprehensive medication aids to reduce the risk of administration errors by the care staff.

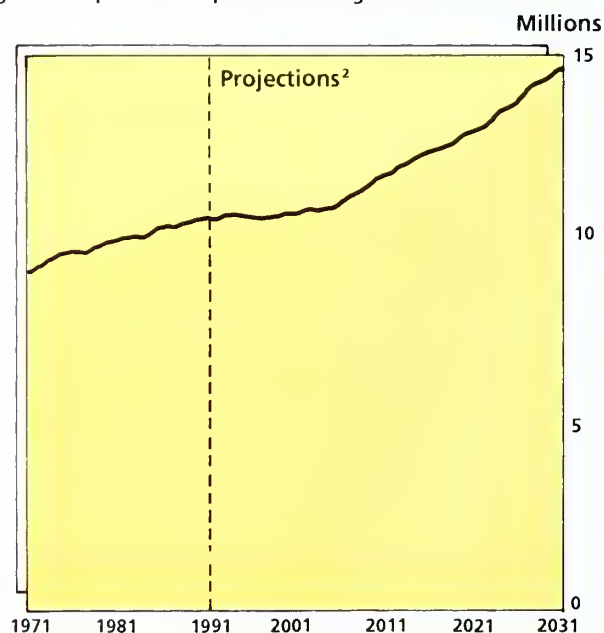
In 1984, a working party set up by the Royal Pharmaceutical Society established that there was a need for detailed advice on the "administration and control of medication in residential homes". The advisory role of the pharmacist on the safe use and storage of medicines in residential homes has been acknowledged and the Society has produced two reports which describe this role.

There were many recommendations as to the extended role of the pharmacist in these residential homes, beyond that of a dispensing service.

• The next article will begin to discuss these extended roles in the context of service provision to residential homes.

Reference: Isaacs B (1971). Geriatric patients: do their families care? *Brit. Med. J.* 1971; 4: 282.

Figure 1: Population of pensionable age¹



¹ Men aged 65 and over, women aged 60 and over.
² 1989-based projections.

Source: Office of Population Censuses and Surveys; Government Actuary's Department; General Register Office (Scotland); General Register Office (Northern Ireland)

Improve your image with Anbesol

Anbesol Liquid Antiseptic and Anaesthetic has traditionally been used by mothers to soothe sore and inflamed gums in teething infants.

But it has also often been purchased for the relief of mouth ulcers, toothache and other oral problems.

Research indicates that customers would like the choice of having the effective Anbesol formulation in both a quick acting liquid format and an easy to use gel.

Because of this Whitehall Laboratories have introduced two new products to the range, Anbesol Adult Strength Gel and, for infants, Anbesol Teething Gel.

So when customers ask your advice about mouth pain, whether it is for infants or adults, you will be able to recommend a product especially suited to their needs.

As a pharmacy assistant you have the responsibility of giving customers advice and projecting a positive and professional image that will help to inspire their confidence.

We have a wonderful prize to help you achieve this image and make the most of yourself.

There are five prizes consisting of a half-day Beauty Workshop and Style Class.

A "Color Me Beautiful" image consultant will show you how to apply make-up to

enhance your natural beauty and to learn the styles that will complement your bodyshape.

"Color Me Beautiful" consultants are trained to help

people develop their own style and confidence. There are over 250 consultants around the country, so there is bound to be one near you. If necessary, we'll

also pay your travelling costs.

Five runners-up will receive The Complete Style Guide — the latest book from "Color Me Beautiful".



Above: before and right after a "Color Me Beautiful" makeover

How to enter

To enter this competition all you have to do is answer the questions below and send your entry to Anbesol Competition, PO Box 198, Epsom, Surrey KT18 5YA. The closing date is September 25.

1. Name the two new Anbesol products.
 - a)
 - b)
2. For whom are they recommended?
 - a)
 - b)
3. What size are the product packs?
4. Are all the products in the Anbesol range sugar free?
5. What are the active ingredients in the new adult product?

You'll find the answers to the questions either on this page or by looking at your Anbesol display. The first five correct entries opened after the closing date will each be awarded the first prize. There are also five runners-up prizes.

Name:.....

Address:.....

Rules

1. All entries become the property of Whitehall Laboratories
2. The first five correct entries selected will be deemed the winners
3. Winners will be notified by post no later than October 15
4. The competition is not open to employees of Whitehall Laboratories, United Newspapers, their families or the companies agencies
5. Entries received after the closing date will not be accepted
6. The editor's decision is final and no correspondence will be entered into.

Chronic venous diseases of the leg

Management and treatment of chronic venous diseases of the leg, such as varicose veins and chronic leg ulcers, costs an estimated £294 million in the UK. Maria Murray explains the causes, management and treatment

Venous diseases of the legs affect millions of people in the UK. They can be broadly divided, in order of severity, into:

- varicose veins
- chronic venous insufficiency
- leg ulcers.

Chronic venous diseases of the leg are a consequence of evolution. The heart has insufficient power to pump blood up the veins of the legs against the force of gravity. The body has developed two ways of overcoming this:

- one-way valves in the veins of the legs prevent a backflow of blood (see diagram)
- the deep veins of the legs are surrounded by muscles which contract to force the blood in the veins upwards.

In addition to the deep veins of the legs which operate at high pressure, there are superficial leg veins which are not squeezed by muscles and operate at lower pressure.

The superficial veins and deep veins are connected at a number of points by perforating veins. One-way valves at the junctions prevent the reverse flow of blood.

But if the valves in the veins are defective, particularly between the superficial and deep veins of the leg, blood from the deep veins is forced back at high pressure into the superficial veins. As a result, the superficial veins become congested and dilated and varicose veins appear close to the surface of the skin.

Defective valves may be due to:

- congenital valve defects
- thrombophlebitis
- deep vein thrombosis
- pregnancy
- ascites
- malignant disease
- excessive body weight.

Varicose veins

Some five million women and one million men in the UK suffer from varicose veins. Most of these patients are only aware of varicose veins at a cosmetic level and do not consider them a significant health problem. But about

one-third of patients suffer symptoms of local pain, "aching in the limbs" and swelling which become worse after prolonged standing and improves with rest. The calf muscles are often easily fatigued, leading to cramps.

Varicose veins can become progressively worse as the walls of dilated veins tend to weaken and its valves fail to function.

The weight of blood pressing down on the vein tends to dilate the vein further and more valves fail.

Varicose veins often first appear during pregnancy for two reasons:

- the extra weight of pregnancy
- hormones are released during pregnancy to soften the ligaments in the pelvis.

Connective tissue in the walls of veins is also weakened by the hormones which allows the veins to bulge. However, varicose veins associated with pregnancy may be transient.

Chronic venous insufficiency

In a minority of patients, the varicose veins develop into chronic venous insufficiency (CVI). Fluid tends to accumulate in the tissues surrounding the blood capillaries leading to swelling. Symptoms of CVI include tired and heavy legs, swelling sensations, night cramps, restless legs and a feelings of numbness and tingling.

Venous leg ulcers

Venous (varicose) ulcers of the leg are the most serious complication of venous disease of the leg. Venous ulcers usually occur on the lower leg and vary in size — in severe cases they can encircle the whole leg.

An initial redness of the skin changes to a bluish-red colour and this eventually progresses to necrosis. There may be a pale coloured discharge, with an offensive smell, from the ulcer.

Compression bandages and support stockings have been used successfully to treat venous ulcers.

Desloughing agents assist in the healing of leg ulcers by removing slough, promoting the growth of granulation tissue and fighting secondary infection.

Exudate absorbents such as dextranomer and cadexomeriodine are used to absorb exudate and odour from the ulcer, which prevents slough from forming. Antiseptics are also used to prevent secondary infection. Topical antibiotics are used to treat infected ulcers.

Risk factors

There are a number of risk factors that increase the risk of developing venous diseases:

- Family history



An estimated 50-75 per cent of varicose vein patients are children of existing sufferers. One study in Germany found that the risk of venous disease was doubled for people who had a relative with the condition.

This tendency for varicose veins to run in families may be due to inherited weakness of vein walls and low number of venous valves. In one rare condition, there is a congenital absence of venous valves.

• Pregnancy

Pregnancy can damage veins for the reasons described above. The risk of developing varicose veins was found to be doubled in women with two or more pregnancies.

• Weight

A number of studies have found that overweight people are more likely to develop varicose veins. A famous study — the Framingham study — found that obesity in women was a risk factor for varicose veins but not in men.

• Occupation

A number of occupations are associated with a higher risk of developing varicose veins. These are jobs where the person is standing for long periods of time, particularly if the person is standing still. People in high risk occupations include:

- pharmacists
- dentists
- nurses
- hairdressers/barbers
- bar staff
- shop assistants
- waitresses/waiters
- traffic wardens
- air hostesses.

Sedentary workers who are sitting down at a desk or in a car for most of their working day are also at risk.

Experts say varicose veins are beginning to appear at a younger age and a lack of activity on the part of children partly explains this.

• Circulation restriction

It has been suggested that knee length or thigh length stockings with a restricting band at the top restrict the circulation of blood in the legs and increase the risk of developing varicose veins. Although there is a lack of consensus on this issue, patients with a tendency to develop varicose veins are advised to avoid such hosiery.

Sitting with one leg crossed over the other can also restrict the flow of blood in the legs.

• Height

It has been suggested that height is a risk factor for developing varicose veins. The reasoning behind this theory is that the blood has to travel against gravity for a greater distance.

• Geographical differences

Varicose veins occur far more frequently in the western world than in the developing world. A racial explanation had been suggested by a number of researchers. For example one study discovered that Africans have more vein valves than Caucasians.

However, the general consensus is that environmental factors play a much more

important role. Inhabitants of the western world tend to:

- exercise less
- eat a high fat, low fibre diet
- be more overweight than populations in developing countries.

Some researchers have linked a low fibre diet, consequent straining at stool and an increase in abdominal pressure to the failure of valves in the veins. However, studies investigating the relationship between the prevalence of constipation and varicose veins have not proved conclusive.

Management

Therapies for venous diseases of the legs can be broadly divided into three areas:

- compression hosiery
- surgery
- compression sclerotherapy.

Compression hosiery

Graduated compression hosiery works by exerting sufficient external pressure at the ankle to compensate for venous insufficiency. The pressure gradually decreases from the ankle to the calf and from the calf to the thigh, which assists the calf muscles in pumping blood back towards the heart.

Older support stockings made from rubber and cotton were heavy and uncomfortable to wear. But the use of nylon and Lycra has resulted in lighter tights in a variety of colours.

Classification

The strength of compression hosiery is expressed in millimetres of mercury (mmHg)

• Class I (14-17mmHg)

Light compression suitable for: — patients with early or mild varices

— prophylaxis and treatment of early varices during pregnancy.

• Class II (18-24mmHg)

Medium compression. Suitable for:

- varices of medium severity
- treatment of mild oedema and varicosis during pregnancy
- use with dressings in the treatment of leg ulcers
- prevention of recurrence.

• Class III (25-35 mmHg)

Strong compression. Suitable for:

- gross varices
- post-thrombotic venous insufficiency
- gross oedema
- use with dressings in the treatment of chronic leg ulcers, and prevention of recurrence.

Compression hosiery can be prescribed by GPs on the NHS. But to comply with Drug Tariff regulations, prescriptions must include:

• Quantity

Single or pairs. Broken bulk claims following the dispensing of a single garment are not accepted.

• Type

Thigh stocking or below knee

• Class

Compression strength (Class I, II or III). Class I is the minimum compression value for hosiery available on the Drug Tariff.

Tights are not available on the NHS but may be purchased by the patient.

Pharmacists should endorse the prescription to indicate whether a stock size or a made-to-measure size has been dispensed. Prescriptions for made-to-measure sizes should be endorsed ZD to prevent the application of the Drug Tariff/discount scale.

Measurement

Pharmacists must offer a measuring and fitting service to meet their Terms of Service. Correct fitting of compression hosiery is essential for maximum efficacy and incorrectly fitting hosiery can be dangerous. So the thigh, calf and ankle circumferences must be measured as accurately as possible.

Measurements should be made as early as possible in the day to eliminate the effects of oedema, due to the upright position. If there is obvious oedema the leg should be raised into a horizontal position until the swelling has subsided.

Measurements for hosiery should be made at four points:

- thigh 5cm above the uppermost visible vein
 - thickest part of the calf
 - thinnest part of the ankle, above the ankle bone
 - foot length (closed toe only).
- Measurements should be made to the nearest 1/4in (0.6cm). It may be useful to mark the points on the leg with a felt-tip pen. An individual measurement must be made for each limb, as measurements for the right and left legs may differ.

Reference is then made to the manufacturer's charts to determine the appropriate size. Most patients (95 per cent) will conform to the manufacturer's guidelines and can be dispensed stock sizes. Made to measure hosiery can be ordered if the measurements fall outside the the stock size dimensions.

Fitting

Pharmacists have another important role to play in demonstrating the correct fitting of compression hosiery to the patient.

- The stocking is turned inside out from the heel leaving the foot section turned in.
- Both hands are used to stretch the stocking out and slip the foot part halfway on to the foot.
- The 2.5cm fold is turned back and the heel sac is placed under the heel.

- The stocking is gathered up and slid over the foot and ankle.

- The stocking is then stretched up the leg, using a twisting action, taking short folds of about one inch at a time.

- The patient takes over from the knee, pulling the stocking up to the thigh in short folds and secured to the suspenders.

The pharmacist should check:

- the stockings extend 5cm above the uppermost varicose veins
- the material is evenly stretched
- the patient is not experiencing any discomfort from "tightness".

When removing the stocking, the patient should grip the top with both hands and peel it down the leg, leaving the foot and ankle section in place. This section is then gently eased off the foot and ankle.

Hosiery care

Patients are usually given two pairs of compression hosiery, one to wear and one to wash. Each pair should last for three or four months.

Patients should be advised that following the fitting and removal instructions will ensure a longer life for their hosiery. It loses its elasticity over time and without careful monitoring by the pharmacist or nurse many patients may be wearing stockings with no therapeutic value.

Surgery

• Stripping and ligation

This is one of the commonest elective procedures. Although it can be carried out as day surgery, the patient must receive a general anaesthetic and usually remains in hospital for two or three days. Surgery is carried out to:

- relieve symptoms such as aching legs and cramps
- cosmetic reasons.

In the UK, surgery for varicose veins is considered a low priority and is one of the commonest conditions on the NHS waiting list. Many patients prefer to pay privately, and a report by the Office of Health Economics estimates that in Britain in 1992 about one-third of stripping and ligation was privately paid for.

• Vein valve transplantation

This may be carried out in severe cases of CVI which have progressed to venous ulcer which has not responded to other forms of therapy.

Sclerotherapy

Compressive sclerotherapy is an alternative to stripping and ligation of varicose veins. A sclerosing (hardening) agent, such as sodium tetradecyl is injected in the area of the perforator vein with defective valves and the leg is then wrapped in compressive bandages. This destroys the affected perforator veins.

Although it is a painless technique, not requiring general anaesthetic with good short-term results, there is a higher recurrence rate than with good surgery.

Prevention

Pharmacists can advise customers of simple measures which can help reduce the risk of developing varicose veins. People at particular risk, such as those with a family history of venous diseases of the legs, should be particularly aware of these guidelines:

- maintaining a normal weight
 - taking exercise
 - wearing compression hosiery, especially during pregnancy.
- People who have to sit or stand for long periods of time should be advised to:
- rock backwards and forwards on the balls of the feet
 - circle the ankle joints.

Patch + gum help smokers quit

The nicotine patch and gum provide different forms of nicotine replacement therapy (NRT).

The patch produces slow-onset, sustained blood levels of nicotine. It is easy to use correctly but — apart from removing the patch — there is no control over the amount of nicotine absorbed.

On the other hand, the gum produces effective nicotine levels within minutes. It is taken on the urge to smoke, and the dose and rate of absorption are controlled by alternately chewing and storing the gum in the mouth. However, many people fail to use appropriate chewing technique.

The two methods are potentially complementary — the patch providing chronic

background protection and the gum protection in 'trigger-to-smoke' contexts — though neither is licensed for use in this way.

To test this hypothesis, 28 would-be non-smokers were randomised to a 16-hour patch or 2mg gum alone, or both together, with appropriate placebos.

Up to 20 sticks of gum were allowed daily, with an average of six in all treatment phases. Each treatment was used for three days, followed by a four-day washout period before beginning the next.

During the placebo phase, typical signs of withdrawal included craving, irritation, impatience, dizziness and disrupted sleep. The gum achieved blood levels of

nicotine of only one-third those produced by smoking cigarettes, compared with 50 to 60 per cent with the patch, and both were superior to placebo.

There was no overall difference between the two forms of NRT in preventing withdrawal, though craving was worse with the gum than the patch. Both, however, were inferior to combined treatment — symptoms reported with patch and gum combined were no different from those at baseline when the subjects were smoking.

This study confirms that the patch, but not the gum, reduces the craving for cigarettes. And it shows for the first time that combining steady-state and on-demand delivery systems is superior to either alone.

What it does not explain is whether this is simply because more nicotine is administered by the combination and, more importantly, whether this reduces relapse rates.

Psychopharmacology 1993;111:271-7



Garlic and lipids

Garlic has its advocates and its detractors. Some say it reduces blood lipids and has beneficial effects on coagulation; others question the evidence for this and say the odour is unpleasant.

A European garlic formulation, Kwai tablets, has recently been launched for over the counter sale in the US. Although no medical claims are being made, there is awareness of the putative benefits of garlic.

To assess its effects, 48 subjects with hypercholesterolaemia were randomised double-blind to treatment with garlic or placebo for 12 weeks. Diet and physical activity were unchanged. The 900mg garlic tablets were standardised to

contain 1.3 per cent of alliin, the precursor of the active principle allicin.

After six weeks there were no differences between the two groups. But at 12 weeks, serum total cholesterol had fallen by 6 per cent in those taking garlic compared with 1 per cent in placebo recipients. The reduction was due largely to a fall in LDL-cholesterol and there was little change in the beneficial HDL-cholesterol or in triglycerides. Only one person complained of a smell of garlic (partners do not appear to have been asked!) associated with belching.

This study confirms existing evidence that garlic does have a beneficial effect on cholesterol levels, though the effects are smaller than reported elsewhere — some trials have found a reduction of up to 20 per cent in cholesterol and a similar fall in triglyceride levels. *American Journal of Medicine* 1993;94:632-5

Treating traveller's diarrhoea

The holiday season invariably brings man and microbe closer together, often with unpleasant results. Recent years have, however, seen a change of heart about treating illnesses associated with travel. There is now greater emphasis on the importance of vaccinations and malaria prophylaxis, and opinion is beginning to favour treating diarrhoea.

Diarrhoea is the most common illness among tourist and business travellers, affecting up to 50 per cent. Eighty per cent of cases are due to bacteria, usually acquired from contaminated food or water. The illness usually lasts seven to ten days but in 2 per cent of victims may persist for up to a month. Systemic signs include abdominal cramps, fever and vomiting.

Management takes two forms, according to a recent overview by specialists from the US. Prophylaxis is indicated for travellers with health problems such as diabetes, inflammatory bowel disease, AIDS or heart disease. Other possible indications include the importance of the trip or an unwillingness to observe dietary restrictions.

In general, prophylaxis with antimicrobial drugs reduces the risk of diarrhoea to around 4 per cent compared to 14 per cent with bismuth preparations. Arguments against prophylaxis include the risk of adverse reactions (and some rare reactions — for example, Stevens-Johnson syndrome with sulphonamides — are potentially fatal) and the emergence of resistance. Prophylaxis may also confer a false sense of security, leading the traveller to ignore health warnings.

For most people, treatment is the most likely option. Constipating agents include

bismuth preparations, which reduce the number of unformed stools by about 50 per cent, and loperamide, which reduces stool frequency and the duration of illness by about 80 per cent. But not all people respond to symptomatic therapy, and there is a small risk that loperamide may exacerbate the problem in invasive infections.

Antimicrobial therapy will reduce the duration of illness by about 50 per cent. Diarrhoea should improve within 48 hours and fever within 24 hours; failure to do so indicates the need for medical attention.

The choice is usually between cotrimoxazole and the quinolones. In most parts of the world, a quinolone is the drug of choice, though not for children. There are no differences between ofloxacin, norfloxacin and ciprofloxacin.

Antimicrobial drugs are not indicated for infants without medical supervision, and pregnant women should postpone non-essential visits to high-risk areas. Cotrimoxazole is cheaper than the quinolones, but acute adverse reactions may be more troublesome.

But the authors do make some potentially controversial points. They believe that antibiotic use by travellers is unlikely to increase the pool of bacterial resistance unless the local population also take them.

And they say that antibiotics with long tissue half-lives, such as the new macrolides azithromycin and clarithromycin, could provide protection after a single dose. They also raise the possibility that poorly absorbed drugs, such as aztreonam, may be safer for pregnant women and children.

New England Journal of Medicine 1993;328:1821-7



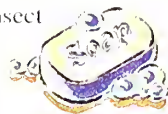
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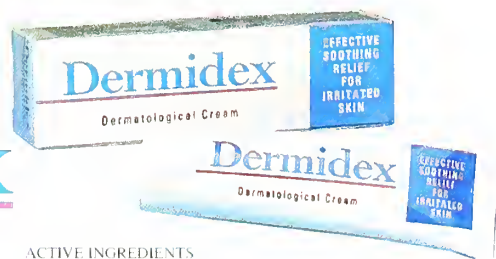


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Cost-effectiveness of prophylaxis for endocarditis

Clindamycin has now replaced erythromycin as the alternative to amoxycillin for prophylaxis of endocarditis during dental procedures.

Which ever agent is used, it is not widely acknowledged that there is little direct clinical evidence that antibiotic prophylaxis is effective, although animal models provide strong positive evidence. So microbiologists and health economists in Aberdeen set out to examine its cost-effectiveness.

They identified five factors:

- the cost of a 3g dose of

amoxycillin

- the risk of adverse reactions to amoxycillin
- the risk of infective endocarditis in the absence of prophylaxis
- the cost of treating survivors
- the cost of treating fatalities.

They estimated that there are 670,000 procedures on high-risk patients annually, with a risk of death of 0.65/10,000. Hospital costs of treating endocarditis were calculated as £11,831 per survivor (due to the need for repeated valve replacement) and £3,392 per fatality. Prophylaxis would, they

suggest, save 5.7 deaths and 22.9 non-fatal cases of endocarditis per 10,000 extractions.

Assuming the cost of antibiotics and treating adverse reactions averages out to £500 per patient, the net saving achieved by giving prophylaxis with all dental procedures is £7,750 per 10,000 patients. This increases to £264,000 if prophylaxis is offered only with dental extractions.

If procedures other than extractions are assessed, the benefits are less clear: only three lives per million

non-extraction procedures would be saved, compared with a possible mortality from adverse reactions to penicillins of one to ten per million courses.

So overall, prophylaxis during extractions (but not other procedures) is highly cost-effective. At the moment, it is estimated that only 50 per cent of at-risk patients actually receive prophylaxis. If all at-risk patients were treated appropriately, the NHS would save £2.5 million and 50 lives. *British Heart Journal* 1993;70:79-83

NSAIDs for OA?

Some rheumatologists say that simple analgesics are as good as NSAIDs for osteoarthritis because the disease has only a small inflammatory component. NSAIDs may also hasten destruction of the joint. Some GPs say that only NSAIDs control pain.

The argument continues with the latest study — a two-year comparison of slow-release diclofenac and placebo in 89 patients with OA of the knee.

All patients had been taking NSAIDs before the study. These were withdrawn and paracetamol provided as escape analgesia. Patients were then randomised double-blind to slow-release diclofenac 100mg daily or placebo and assessed at six-monthly intervals.

Thirty-eight patients (43 per cent) withdrew from the study, mostly due to lack of efficacy (7 per cent diclofenac, 27 per cent placebo) or adverse effects (13 per cent diclofenac, 11 per cent placebo). Most withdrawals took place in the first six months and adverse effects were mainly gastro-intestinal.

There were few other differences between placebo and diclofenac in specific measures of disease activity, although the overall rating for the NSAID was significantly better and paracetamol consumption was greater among placebo recipients. There was little overall change in radiographic or clinical findings over the two years.

This suggests that a subgroup of people with OA definitely derive some benefit. When treatment was withdrawn, more patients taking the NSAID experienced a flare up of OA than those taking placebo.

The study paves the way for further long-term trials, which will need to continue for more than two years to detect changes in the affected joint. *British Journal of Rheumatology* 1993;32:595-600

The statins: long-term monitoring

The British Hyperlipidaemia Association recently published revised guidelines on the management of lipid disorders, which recommended the statins as one of the treatments of choice for severe LDL-hypercholesterolaemia. Alternative lipid-lowering regimes included a resin or a resin plus a fibrate.

Until now, there has been caution about recommending the statins for first-line treatment. Despite their unsurpassed impact on cholesterol levels — they lower LDL-cholesterol by 30 to 40 per cent and triglycerides by 10 to 20 per cent — their long-term safety was unknown.

But data are beginning to accumulate from post-marketing surveillance studies.

The latest comes from the US, where lovastatin was the first statin marketed. Almost 600 patients with hyperlipidaemia and mild hypertriglyceridaemia were followed up for an average 4.8 years' treatment with 80mg/day — the maximum dose. Almost 60 per cent were also taking a resin. After this period, cholesterol levels were maintained at 30 to 40 per cent below baseline in men and women.

Overall, remarkably few events were attributed to the drug. More than 300 adverse

events were recorded but only six were judged to be possibly treatment-related. These included peptic ulcer, nausea and one case of impaired vision due to retinal exudate. Adverse events accounted for withdrawal from treatment in 2.8 per cent of patients, due in half of cases to elevated liver enzymes.

In the light of concern that lowering cholesterol may increase the risk of violent death, the investigators were keen to emphasise that there was no evidence of such an increase during treatment with lovastatin. *Archives of Internal Medicine* 1993;153:1079-87

The English and laxative use

When they are not suffering diarrhoea abroad, the English like to take laxatives at home — or so many believe. In 1990, £20 million was spent on prescribable laxatives and £17m on OTC products. But new research from Bristol — partly supported by Kellogg's, manufacturers of bran breakfast cereals — suggests their use could be declining.

More than 1,000 people included in a health survey were asked about laxative use: whether they strained to pass stools and whether they believed they were constipated. They were then sent home and, to check the accuracy of their answers, asked to complete a form detailing their next three defaecations.

Around 40 per cent of subjects said they sometimes strained, and women did so more than men. But judging by their reports from home, about a quarter of subjects had under-estimated the frequency of straining. Women were also more likely to say they were

constipated: occasionally, according to 22 per cent of women and 13 per cent of men and constantly in 10 per cent and 2 per cent respectively.

The most popular laxatives were phenolphthalein chocolate, senna products and magnesium salts. Use increased with age, but was always more common in women (23 per cent overall compared with 12 per cent of men). In the over-60s, 3 per cent of men and 5 per cent of women said they used a laxative more than once weekly. Fifty-five mostly elderly people denied ever being constipated but took laxatives, suggesting inappropriate prophylactic use.

These findings indicate that laxative use is widespread, but it appears to have declined since a survey in the 1960s, which found that 10 to 15 per cent of middle-aged people used laxatives compared with only 2 to 4 per cent in this study. *Digestive Diseases and Sciences* 1993;38:1004-8



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharms, looking at the current developments in medicine

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1. Nielsen Retail Audit March/April 1993. 2. Taylor Nelson 1992. 3. Annual Dental Survey 1992. 4. 1.4m Nielsen 1991

Prereg Geraghty wins C&D-sponsored trip to Reading BPC with pharmacy 2000 plan

Nicholas Wood, president of the Royal Pharmaceutical Society of Great Britain, has selected James Geraghty's open letter setting out three key ideas for pharmacy practice in the year 2000, as the winning entry in the *Chemist & Druggist* British Pharmaceutical Conference Prereg Award.

Mr Wood said he liked Mr Geraghty's suggestion of creating working regimes between community and



hospital pharmacists by linking them directly via computer. "That and the concept of contact between them within a

domiciliary care team are worthy of investigation," he says.

Mr Geraghty wins a place at

the Reading Conference with all his registration and hall fees paid plus a ticket for the Banquet worth some £400. His letter is published in full below.

The president says he was pleased to be associated with this new venture that has superseded the C&D Practice Research Award and Medal, because it continues C&D's longstanding support for the BPC Conference and pharmacy.

Hospital pharmacy practice

The practice of pharmacy has developed considerably during the past 20 years.

This progress must continue, and in the year 2000 the hospital pharmacist must focus firmly on quality patient care, through the concept of pharmaceutical care, which includes not only the supply of medicines but also providing information to, and securing the wellbeing of, the patient.

The hospital pharmacist's extended role in the year 2000 should include the ability to

take a drug history. The Society should insist on the continuing expansion of clinical teaching at undergraduate level, which must include patient contact.

The need for greater communication within the different disciplines of pharmacy is important. On-line computer links between the hospitals and "nominated" community pharmacies would ensure that the hospital pharmacist would still have a role to play in the patient's

care.

The Society should encourage the establishment of care teams of community and hospital pharmacists.

Domiciliary care should become a very important part of the hospital pharmacist's role. The problems of compliance, adverse drug reactions and confusion are common today and warrant the need for a domiciliary care pharmacist.

The Society should use its consideration influence so this

service is of benefit to the patient and ultimately to the health of the nation.

I believe that by implementing these policies, the Society can facilitate the advancement of total patient care by expanding the pharmaceutical care that is an essential part of it, at the same time promoting the profession to its consumers.

James Geraghty

Whiston Hospital Pharmacy
Prescot

What is the problem over stock supplies?

Your article on out of stock situations (*C&D* August 14) does not answer the underlying problem: why are so many manufacturers over the past two years increasingly unable to maintain supplies of their products?

Perhaps a spokesman for the Association of the British Pharmaceutical Industry might tell us if this is a coincidence, with many different factors responsible, or is there a common cause — more stringent Medicines Act regulations, for example.

A H Drake
Guildford

Sixty years a pharmacist

The president of the Royal Pharmaceutical Society has kindly congratulated me on my 60 years on the Pharmaceutical Register.

My greatest wish is to live long enough to see an end to the cynical insulting practice of so-called "doctor dispensing", which means unqualified and unsupervised dispensing.

In the name of the profession of pharmacy, I call on all pharmacists to join the Rural Pharmacists Association and to fight for an end to this intolerable anomaly.

S G Bubb
Treasurer
Rural Pharmacists Association

One way of facing up to aggression

I am constantly reading these days about the aggressive attitude Boots have adopted recently, and it strikes me the only way to meet force is with equal force.

Why not, as a profession, take say six items from the Crookes retail list and boycott one item at a time, for example Strepsils, for a couple of months. If the message does not get through to the company's directors, add another and so on.

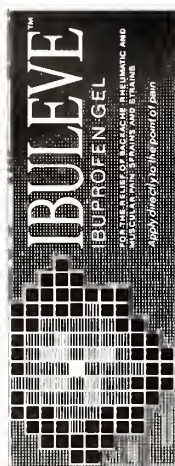
I think if we stood shoulder to shoulder in this, Boots would eventually realise we would not be pushed any further.

It is time our professional bodies stopped sitting on the fence, demanded contracts be in a pharmacist's name, and ceased to allow our qualification to be prostituted for money and greed.

P J McMullan
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Businessnews

Fisons sell unprofitable generics business

Fisons have sold their generics business, CP Pharmaceuticals, for an undisclosed sum to a holding company formed by a management team led by Charles Savage.

Wrexham-based CP Pharmaceuticals manufacture a range of hospital products, in particular heparins and insulins, and also generic tablets, creams and ointments.

Mr Savage, who sees his new role as that of a "company doctor", was managing director of Thomas Kerfoot in Aston-under-Lyne before their sale to Medeva in 1990. David Bowser, also ex-Kerfoot, joins him at CP

as sales and marketing director.

Also on the new team are Jim Barrow as operations manager, and Andrew Coveney from Coopers & Lybrand (who advised on the purchase), who is finance director.

The company was formed by Fisons in 1983 following the merger of Charnwood and Weddell Pharmaceuticals, and now employs nearly 200 staff.

The company turned over in excess of £10 million last year, but was not profitable under Fisons.

"I believe we can turn it round fairly soon," says Mr Savage.

The Welsh Office has offered a

grant of £2m over three years linked to a commitment to underpin jobs in Wrexham and a £6.5m investment programme.

Although capacity on the sterile products side is well utilised, there is "substantial spare capacity on solids", says Mr Savage. He intend to make spare capacity in the areas of solid dose, creams, ointments and liquid preparations available to other pharmaceutical companies on a contract manufacturing basis.

CP will also be seeking to establish strategic alliances with foreign concerns which are looking for a UK marketing or production base.

Pharmacies struggle to survive

Some 50 per cent of pharmacies are in danger of going under, according to the Plimsoll Portfolio Analysis.

In the study of 894 retail pharmacy companies, 50 per cent will have to undergo stringent re-organisation to survive. But 23 per cent were rated strong.

Some 21 per cent of the companies analysed had seen a drop in sales, with 4 per cent reporting a fall greater than 40 per cent in the previous year.

In contrast, 20 per cent had sales up by more than 20 per cent, with 6 per cent having a sales growth greater than 60 per cent. On average sales of this sample of companies grew by 12 per cent.

The average trading profit margin was 3 per cent, with a considerable number of companies showing losses, some as low as 22 per cent.

• The report can be obtained from Plimsoll Publishing, price £295. Tel: 0642 230977.

S&N are happy with £82m profit

Smith & Nephew have reported a 27 per cent increase in pre-tax interim profits to £82 million. Turnover was £483m, an increase of 17 per cent. This resulted in a 5 per cent increase in the interim dividend to 1.89p.

Underlying sales growth was 8 per cent, similar to that achieved in 1992. An exceptional gain of £6m arose on the disposal of the plastics business in Australia earlier in the year. A UK-based denim manufacturing arm was also closed down.

Smith & Nephew chairman Eric Kinder says: "Despite somewhat weaker markets in the USA and continental Europe, we anticipate that the Group will maintain its underlying sales growth."

Strong progress was made in sales of advanced wound management products and knee implants. Sales in consumer products have improved, with Nivea showing increased sales after the trade deal with Beiersdorf.

Young Nutrition closes down in UK

Finnish company Valio Ltd are closing down their UK baby milk subsidiary Young Nutrition Ltd. The move is a consequence of adverse economic conditions in Finland and a major company restructuring, say Valio.

Young Nutrition's range of ready-to-feed milks — First infant milk and Forward

follow-on milk — will not be available in the UK once existing stocks have been exhausted.

Current wholesale stockists have agreed to continue to sell the products in the short term.

Products can also be purchased direct from the company by mail order while stocks last. For information tel: 0737 773741.

Zeneca announce marketing agreement with LTI

Zeneca has signed an agreement with Liposome Technology Inc (LTI) to exclusively market and distribute Amphocil in Europe.

Amphocil is a proprietary formulation of amphotericin B, a broad-spectrum anti-fungal used in the treatment of life-threatening infections which often afflict the immunocompromised.

Under the terms of the multi-year agreement, LTI will receive an up-front payment and milestone payments based on the achievement of certain regulatory

and sales goals, reaching a maximum of \$20 million.

Zeneca and LTI will have joint responsibility for developing a European registration strategy. LTI will be responsible for providing pre-clinical, clinical, chemical, manufacturing and control data for registration dossiers.

Zeneca feel Amphocil will be a partner product for Merrem, their broad-spectrum injectable carbapenem antibacterial which is in pre-registration. Its European launch is expected next year.

Moss boosted to 242 outlets

Unichem have bought six pharmacies in the Manchester area, giving the Moss Chemists group 242 pharmacies. The £3.48 million deal (£796,000 satisfied in Unichem shares and £2.68m cash) makes Moss the third largest multiple in the country.

The pharmacies have been bought from Waterloo Chemist, which traded under a variety of names including Rose Street Pharmacy, Bride Oak Pharmacy and T.W. Crompton.

Unichem retail director Barry Andrews told C&D: "The pharmacies have a combined turnover of over £4m and have the benefit of low rental leaseholds."

Three of the outlets are in Todmorden, two in Salford and one in Droylsden.

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New maternity leave proposals from EC

All pregnant women will be entitled to 14 weeks maternity leave without having to work for a qualifying period, says a new consultation document from the Department of Social Security. This is in line with an EC Directive protecting pregnant women at work.

The document makes the following recommendations:

- All women are allowed a minimum of 14 weeks' maternity leave. Currently a woman has to be employed for two years before she is entitled to leave.
- All women are entitled to some payment, but the Government has not determined how much. The EC Directive says women must not be any worse off than if they were to receive sick pay.

The current statutory maternity pay is £47.95, low

earnings sick pay is £46.95 and high earnings sick pay is £52.50. The Government has not decreed whether women are to be paid at the maternity pay or sick pay rate.

Neither has the level of funding for maternity pay from the Government been determined. At the moment they pay the full cost plus 4.5 per cent National Insurance contributions, but are proposing to pay only 90 per cent of the cost.

- All women have to give the usual 21 days' notice before leaving to have a baby, but no woman may return less than two weeks after the birth. For example, if a woman leaves 11 weeks before the baby is due and it is three weeks late, then she can extend her leave by two weeks.

The Government also intends tightening rules on maternity

dismissal and suspension. An employer will not be able to dismiss an employee for reasons of pregnancy, or illness resulting from pregnancy.

Currently a woman has to have been employed for two years before she can claim unfair dismissal. Under this proposal the length of employment is unimportant.

An employer who suspends an employee on grounds of maternity will have to offer her a suitable alternative and, if none is found, suspend her on full pay.

In practice this can mean that a woman who is breast-feeding and has a doctor's certificate saying she is unable to return to work may be suspended on full pay until she has finished breast-feeding.

The European Directive is to be implemented by October 1994.

'Sensitive' condom from LIG

London International Group has developed the first male polyurethane condom.

Made from Duron, it is said to have improved sensitivity and user acceptability through a thinner, stronger, clearer and odourless film material. The condom is hypo-allergenic and compatible with oil-based lubricants.

LIG has obtained clearance to market the product from the US Food and Drug Administration. It will be manufactured in the UK.

The condom will be test marketed in various countries early next year.

- LIG's £27.8 million pre-tax profit for the year end 1993 was despite a £3.9m operating loss from the photoprocessing division.

In their annual report, chairman Alan Woltz says: "That Group operating profits fell by just £1.1m to £47.5m is a tribute to the strengths of our health and personal products business."

The health and personal products division accounts for 90 per cent of the Group's operating assets and saw a 20 per cent rise in operating profit in 1993.

Coming Events

Daniels on display

Daniels Pharmaceuticals will be holding a London trade show on September 1, at the Elstree Moat House Hotel in Borehamwood.

Daniels are a Derby-based wholesaler, part of Numark, and will continue their annual trade show in Alfreton at the Alfreton Leisure Centre on September 8.

At both shows, around 40 manufacturers will be represented and the Numark range will be on display. Each show will run from 4.30pm to 10.30pm.

PSG prepares for Chemex

The Pharmacy Support Group is holding a pre-Chemex dinner at the Edwardian International Hotel, Bath Road, Hayes (near Heathrow) on September 11.

The evening will be a platform for discussing the future of pharmacy. Pharmacy politicians and company representatives are expected to attend. For further information contact Atul Kantaria on 071-722 5221 or Kamlesh Rajani on 071-724 7576. • A PSG meeting will be held on September 1 in Coventry at 8pm. Contact Linda on 0530 510520 for details.

Retail sales rise again

Retail sales rose again in July for the seventh month in a row — the strongest increase registered by the Confederation of British Industry's monthly survey for over three years. It is also the first time that sales have been above normal for the time of year since September 1990.

However, the growth is due to increased sales in the large multiple and mail order sectors. Small multiples achieved a small increase but single outlets reported further falls.

Although sales in chemists have increased virtually continuously during the past year, they remain well below normal for the time of year. Despite increased sales, chemists reduced orders with suppliers. But stocks remained well in excess of levels required to meet demand in July.

Chemist sales are expected to improve in August at the same rate as July and are expected to be average for this time of year. Despite this improvement, chemists anticipate reduction in orders placed on suppliers over the next month, though stocks are expected to remain high.

Sales volumes in wholesaling increased in the year to July but the scale of the increase was less than that seen in the past four months. Wholesalers expect further annual growth in sales volumes in August, but at a much slower rate. Stocks levels are reported to be at their most excessive since March 1992.

- The survey, conducted between July 20 and August 4, covers 15,000 outlets in retailing, wholesaling and motor trade.

Shield Diagnostics go public

Shield Diagnostics, the Dundee medical diagnostics company, will be floated on the Stock Exchange next month, according to *The Financial Times*.

The placing, sponsored by Glasgow stockbrokers Allied Provincial, should capitalise the business at £20 million.

Sales in the year to March 31 were £1.7m, making a loss of £653,000. The company is expected to break even in 1994.

Shield was created in 1982 by scientists from Dundee University and the city's Ninewells Hospital. It makes 23 testing kits for auto-immune and infectious diseases, marketed by leading pharmaceutical companies under

their own labels worldwide. Two thirds of their output is exported.

Shield are currently developing tests to predict whether a person is likely to suffer a heart attack and to identify women at risk from osteoporosis.

The fact that Shield has been selling products distinguishes it from four of the five biotechnology companies listed on the Stock Exchange in the past 14 months who are as yet not earning money from their products.

- Scotia Pharmaceuticals will also come to the market in September. Scotia made pre-tax profits in 1991-92 of £1.1m on turnover of £16m. The company is valued at around £180m.

Cantab quarter

Cantab Pharmaceuticals, the biopharmaceutical company based in Cambridge, has reported second quarter losses of £460,000. However, Cantab have raised revenue by extending their collaborative agreement with Baxter Healthcare and by completing a private placement. In total the company's proceeds were boosted by £3.6 million.

Healthcraft change

Healthcraft will be known as Ferrosan Healthcare Ltd from September 1. As part of the Ferrosan Group, the company will be brought into line with sister companies in Europe.

Checkout campaign

Checkout 600 from poster contractor Maiden Outdoor will allow pharmaceutical advertisers the chance to buy a pre-selected campaign of posters, situated within 500m of major

retail outlets. Checkout 600 is a national campaign covering 11 ITV regions and linked to eight categories of outlet including chemists and grocery. Tel: 071-490 2353.

Duphar distributors

Duphar Laboratories have appointed Unichem as distributors of their hospital products starting this month. Duphar will continue to tender for hospital contracts, but all orders will go to the hospital's preferred supplier.

Zofran approval

The Food and Drug Administration in the US has approved Glaxo's Zofran (ondansetron) injection for the prevention of post-operative nausea and vomiting. Promotion for this indication will begin later this year. Zofran has been available in the USA since February 1991 for the prevention of cancer chemotherapy-induced emesis.

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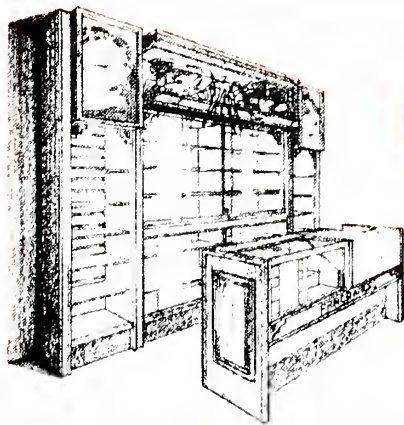
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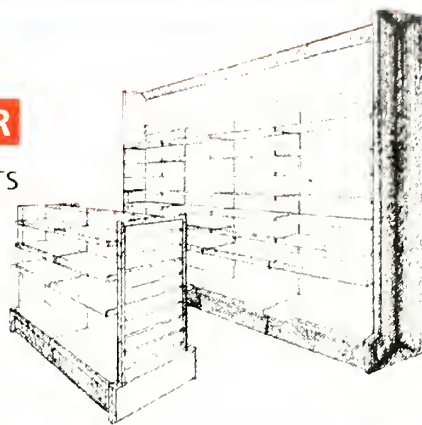
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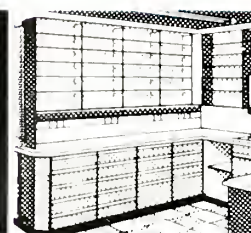
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Aboutpeople

Sixth place for Harnett in Fastnet

Kim Harnett, the pharmacist who took part in the Fastnet race earlier this month, completed it in five days, six and a half hours.

Her boat, British Bullfrog, came sixth in its category of 17 boats, only two hours behind the leading boat. It was the 45th boat to be registered out of a total of 102 that started the race in the same group. There is a 20 per cent drop-out rate, said Mrs Harnett.

"We did very well bearing in mind that we were an amateur team," she says, "but it was very hard work, especially around the

Fastnet Rock where there was a force 8 wind blowing."

Mrs Harnett was raising money for the Imperial Cancer Research Fund and SANDS (still-births and neonatal deaths research and parental support). She expects to have between £700 and £800 when all the money is collected.

• Nicorette, the maxi yacht sponsored by Kabi Pharmacia, crossed the finish line in the Fastnet race first out of the boats in its category.

A boat sponsored by tobacco manufacturers finished almost an hour later.



Heron Chemists can now deliver in style to their customers in Northern Ireland with their 1929 Austin 20/6. The vehicle was originally a hearse, but has been restored to a delivery van by Patrick Heron. It has a goods vehicle licence and has passed its MOT, says Mr Heron, so he does manage to do some deliveries with it — on a good day



John Campbell, winner of the Vantage Northern Ireland golf event, starting out on his round with partners John Johnstone, from G.E. McCaughy, Kells, co Antrim and Justin Beagon, from Springfield Road, Belfast

Vantage golf finalists are through

Five pharmacists are already going through to the final of the 1993 Vantage Pharmacy Golf Tournament.

The winner of the Northern Ireland tournament at the Royal County Down Golf Club in Newcastle, Northern Ireland, was John Campbell, from McKavanagh's Chemist in Lurgan.

The four other pharmacists going through to the final at Mere Golf and Country Club in Cheshire are: Kevin Durkin, from Rostrevor, co Down, who also won the nearest the pin competition; Frank Murray, from Croilger, co Down; Gerard Rooney, from Rooney's Chemist, Belfast, who was the winner of the

longest drive award; and Staffi Stevenson, from Antrim Chemists, Antrim.

There was a maximum handicap of 24 for the Stapleford competition due to the nature of the course, which was described as "very demanding with a variety of exhilarating challenges".

The other three regional events are at Dalmahoy in Edinburgh, Breadsall Priory and St Pierre Hotel, Golf and Country Club, which take place later this month and in September. The final will be held on September 28.

Crookes Healthcare teamed up with Vantage to organise the competition.

Janssen joins Jubilee Trust



David Mitchell, marketing manager of pharmacy products (centre), at Cowes with Caroline Powers and Dr Peter Swinhoe of the Jubilee Sailing Trust and two fundraisers

Janssen Pharmaceutical with the Jubilee Sailing Trust are offering the 1994 Stugeron Scholarship. The scholarship will give a physically handicapped person, together with an able bodied companion, the chance to voyage on the Lord Nelson.

The STS Lord Nelson is a tall ship which has been adapted to allow physically handicapped and able bodied people to work together crewing the ship.

During Cowes week on the Isle of Wight, Janssen helped raise £350 for the Trust by supporting their fund raising activity with promotions girls and specially designed T-shirts.

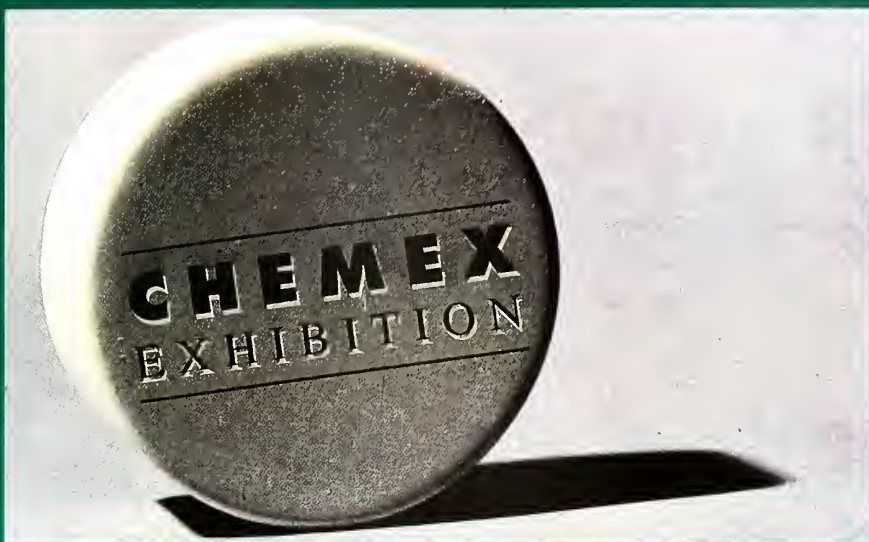
The scholarship offers two berths on a journey beginning in Hull on September 29, 1994 and returning to London via a foreign port on October 5.

Application forms for anyone interested in the scholarship are available from Concept PR, Cupar Road, Battersea, SW11 4JW (tel: 071-622 3434).



When Intercare recently sponsored a bookjam for the National Library for the Handicapped Child on behalf of their Tixylix brand, managing director David Thrower was called on to judge a Paddington Bear lookalike competition. Storytelling, a balloon race and face painting also took place on the day

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REFERENCE: 1. Martin Hamblin Research, The Purchasing of OTC Hydrocortisone, January, 1990. **PRODUCT INFORMATION:** H^c45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** H^c45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.29. **Legal category:** P. **Product licence number:** PL 0327/0039. Cream E45: White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.60. Tub 125g £3.20. Tub 500g £7.55. **Legal category:** GSL. **Product licence number:** PL 0327/5904. Crookes Healthcare Ltd. Nottingham NG2 3AA.